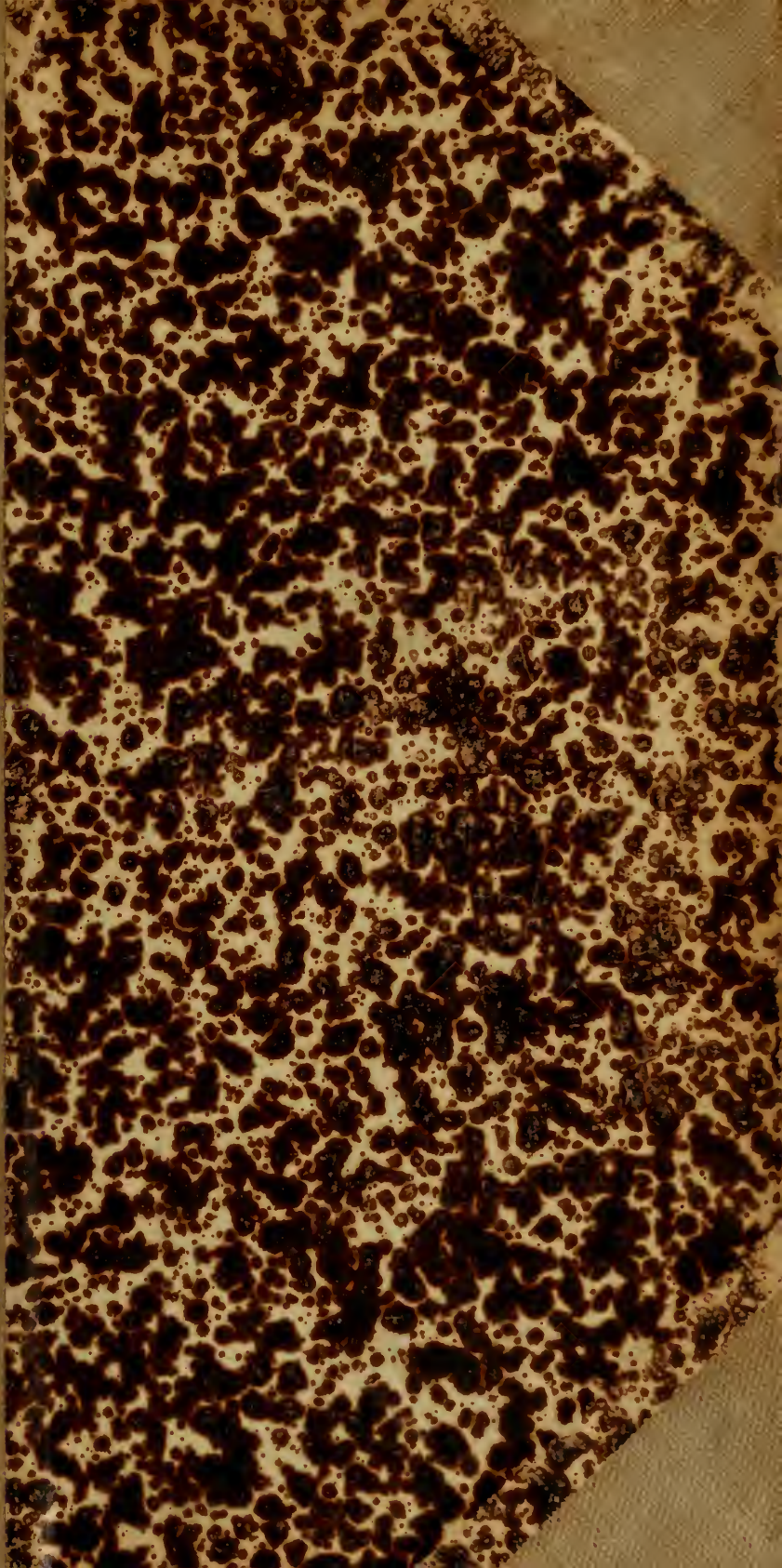


W. H. Talcott & Bro.
BOOK BINDERS,
Exchange Cor.,
Hartford, Conn.

Digitized by the Internet Archive
in 2010 with funding from
University of Toronto

http://www.archive.org/details/medicolegaljourn03medi

R Med N

THE

MEDICO-LEGAL JOURNAL.

PUBLISHED UNDER THE AUSPICES OF THE MEDICO-LEGAL SOCIETY OF NEW YORK.

RA
1001
M43
v.3

CLARK BELL, EDITOR.

ASSOCIATE EDITORS.

LEGAL.

DAVID DUDLEY FIELD, N. Y.
JUDGE CALVIN PRATT, Brooklyn.
AUSTIN ABBOTT, N. Y.
WM. H. ARNOUX, N. Y.
RICHARD B. KIMBALL, N. Y.
C. G. GARRISON, Camden, N. J.
APLPLETON MORGAN, N. Y.
MYER S. ISAACS, N. Y.
JOHN F. BAKER, N. Y.
GEORGE H. YEAMAN, N. Y.
LEIGESTER HOLME, N. Y.
MORRITZ ELLINGER, ESQ.

MEDICAL.

PROF. R. O. DOREMUS, N. Y.
THOS. STEVENSON, M D., London.
PROF JOHN J. REESE, Philadelphia.
JOHN M. CARNOCHAN, M.D., N. Y.
ALICE BENNETT, M.D., Norristown, Pa.
E. C. MANN, M.D., N. Y.
J. J. O'DEA, M.D., Stapleton, N. Y.
J. CLARKE THOMAS, M.D., N. Y.
J. G. JOHNSON, M.D., Brooklyn.
FERD. C. VALENTINE, M.D., N. Y.
J. A. IRWIN, M.D., N. Y.
AUGUSTIN M. FENANDEZ, M.D , N. Y.

VOL. III. No. 1.

422399
19.4.44

NEW YORK:
MEDICO-LEGAL JOURNAL ASSOCIATION.

1885.

THE MEDICO-LEGAL JOURNAL.

A Quarterly devoted to the Science of Medical Jurisprudence,

PUBLISHED UNDER THE AUSPICES OF THE MEDICO-LEGAL SOCIETY OF THE CITY OF NEW YORK.

It is a noticeable fact that there is no Journal at present, in any part of the world, devoted exclusively to this subject. This publication consequently will occupy an entirely new field, and in that respect may claim for itself the notice of members of the legal and medical professions in every country. It hopes to do even more than this, and by presenting the subjects and topics which properly come within its scope, in a clear and attractive manner to command the attention of the general reader and enlist his support.

This Journal will publish the leading papers of the Medico-Legal Society, and a resume of its transactions. Its columns will at the same time be open to contributions from all sources and from all parts of the world, on appropriate subjects and questions. It will endeavor to chronicle interesting facts and scientific deductions within its domain, and keep a record of current events, especially in the trial of cases in the courts which involve Medico-Legal questions.

The Price of the Medico-Legal Journal has been fixed at $3.00 per annum or 75 cents per copy, in the hope and with the expectation of its receiving a generous support from all classes of intelligent readers. Every branch and department of Medico-Legal Science will be carefully represented, and assurances have been received from the ablest professional names in Law and Medicine of efficient aid and support by way of contributions to these columns. While closely connected with the Medico-Legal Society, that institution assumes no responsibility for what appears in these pages. Authors whose articles appear with their names, are solely responsible therefor. The circulation has increasod fourfold since the first issue and is constantly increasing. Copies of this number will be sent to some believed to be interested in the science, in the hope of obtaining their supscriptions and support. As will be seen, the JOURNAL has become a valuable advertising medium, as it reaches both professions and the great libraries.

Subscriptions are solicited, which may be made to the JOURNAL, to any officer of the Medico-Legal Society, to CLARK BELL, Esq., 128 Broadway, N. Y., of whom specimen copies can be obtained on application, at a cost of 40 cents each.

Members not receiving their JOURNAL promptly, will please notify the Treasurer.

The publishers will pay $1.50 per copy for No. 1, and $1.25 per copy for No. 2, of vol. 1, in good condition, the edition being wholly exhausted.

The following are the EXCHANGE JOURNALS:

The Alienist and Neurologist; American Journal of Insanity; American Law Register; Archives de la Psychiatrie cilinique et Legale et de Neurologie; Academie de Medicine de Paris; American Journal of Science; American Chemical Journal; American Psychological Journal; American Law Review; American Naturalist; American Journal of Neurology and Psychiatry; Asylum Journal; Annales Medico-Psychologique; American Law Journal; Archivio di Psi Sci pen. et antro crim.; Archives de Neurologie; Archives de Tocologie; Annales Société Mentale de Belge; The Asclepiad; Analectic; Archivio par la Malatta Narvosa; Army and Navy Journal; Babyhood; Brain; Buffalo Medical Journal; British Medical; Boston Medical and Surgical Journal; "Cronica Medica Quirurgica" Archives of Pediatrices; Canadian Practitioner; Central Law Journal; Californian; Chicago Medical Times; Columbia Jurist; Col. and Clin. Record; Courier of Medicine; Clinical and Legal Psl. and Nerve Path., Kharkoff, Russia; Centralblatt für Nerv; Col. Law Reporter; Choice Literature; Canadian Law Times; Compte Rendu Generale; Der Irrenfreund; Der Gerichtssaal; Hygiea; Del Kongelige Sundhedskollegiums fordhandlinger Medécinalberetning für Kongeriget, Denmark; Eclectic Medical Advocate; L'Encephale; Friedrich's Blatter; Fordhand Svensta Lakare Sallskapts; Guy's Hospital Reports; Gazetta del Tribunale; Giornale di Neuropatalogia; Johns Hopkins University, Hygienic Society of Athens, Greece; Gerichtl Zeitung, Vienna; Gazette des Hopitaux; Hardwich's Science Gossip; Irish Law Times; Iowa State Med. Reporter; Illustrated Science Monthly; Journal of Inebriety; Journal of Mental Science; Journal of Nervous and Mental Diseases; Journal of Jurisprudence; Jahrbacher für Psychiatrie; Kansas City Medical Index; Science; knowledge; La Psi. la Neurol. e. Sci.; Lippincott; Littell's Living Age; Luzerne Legal Register; Legal Advisor; Le Progress Medicale; Louisville Med. News; London Medical Times; London Medical Record; Medical Bulletin; New York Medical Record; Medical Gazette; Medical Era; Mind in Nature; Medical and Surgical Herald; Modern Age; Medico-Legal Society of Massachusetts; Medical Journal; Medical Summary; Medical Annales; Messenger of Neurology and Forensic Psycopathology, St. Petersburgh; New England Medical; North American Review; New Englander; New Orleans Med. and Surg; Nordisk Medicinskt Arkiv, Popular Science Monthly; Philadelphia Medical Times, Phrenological Journal; Princeton Review; Puck; Polyclinic; Revue Philosophique; Revista Clinica de Bologna; Revue de Medicine; Revue Medicale; Repertoire de Pharmacie; Scotch Board of Lunacy, Sanitarian; Sanitary Record; St. Louis Perscope; Smithsonian Institute; Société Medicine Legal de France; Society for Promoting the Welfare of the Insane; Scienza Italiana; St. Louis Med. Journal; Bulletin Société de Medicine Mentale Belgique; The Hannemanian; Texas Law Reporter, Virginia Med. Monthly; Western Lancet; Zeitschrift fur Psychiatre.

DR. ALFRED SWAINE TAYLOR.

SHALL WE HANG THE INSANE WHO COMMIT HOMICIDES?*

By Clark Bell, Esq., of New York,

Ex-President Medico-Legal Society of New York, Honorary Member of the Societe de Medecine Mentale de Belge, Corresponding Member of the Massachusetts Medico-Legal Society, Etc., Etc.

The execution of Dr. L. U. Beach, on 12th February, 1885, at Holidaysburgh, Pa., presents questions worthy the attention of thoughtful jurists and publicists, not only of the State of Pennsylvania, but everywhere. It is the more important now that the public mind of all Christendom is studying the grave problems of Lunacy Reform, and when Great Britain, France, Austria, Italy and many of the American States are debating how best to meet recognized evils in their existing lunancy statutes.

Pennyslvania seems destined to hold important relations to the pending discussion. She has occupied a prominent and distinguished position in Lunacy Reform by the recent modification of her lunacy statutes, and becomes all the more conspicuous now, as the theatre of that interesting tragedy, which forms the issue presented by the seeming judicial homicide of Dr. Beach.

The question has, like most others, a two-fold aspect, and must be regarded from both stand points.

There is much to be said in favor of the public execution

* Read before the Medical Jurisprudence Society of Philadelphia, April 14th 1885.

of the insane for capital offences, and there can be little doubt, that society has the same right to execute insane criminals; (if such a term is admissible) if it can be felt that it would tend to the prevention of offences by others, or could be regarded in any broad and strong sense, as protecting society from the danger of assaults that threatened seriously its peace or permanent good.

The sane criminal is not executed by operation of law as a punitive, but as a preventive measure; and it is only defensible when, for the greater good of the living, Governments justify themselves in instituting proceedings under recognized forms of law to take human life, even as a *quasi* punishment for crime.

If the public executioner has a restraining influence upon those liable to commit high crimes, if the fear of the scaffold deters the murderer from the awful act; who can say that the sanity or insanity of the homicide affects the moral or restraining power of the scaffold, as a repressive force, in its effect upon the minds of men likely or even liable to commit crime.

Dr. Wm. A. Hammond, the eminent alienist, not long since publicly advocated the execution of Guiteau, of whose insanity he entertained no doubt. He regards the execution of the insane as an important factor in its general influence upon the insane themselves, and claims with great force that these unfortunates are susceptible to restraining influences from the penalties thus inflicted, in which opinion I do not doubt many superintendents of asylums would concur.

Many insane in and out of asylums, feeling no danger of punishment, because conscious of their insanity and

legal irresponsibility, would be susceptible to the restraining influence of laws that punished sane and insane alike for violations of law.

Sir James Fitz James Stephens, in his masterly treatise on the History of the Criminal Law of England, says, in discussing this question :

"Little or no loss is inflicted on either the madman himself, or on the community, by his execution.

"It is indeed more difficult to say why a dangerous and incurable madman should not be painlessly put to death as a measure of humanity, than to show why a man who, being both mad and wicked, deliberately commits a crime as murder, should be executed as a murderer." (p. 178.)

Asylum Superintendents will generally concede that from their experience the insane are susceptible to and influenced by measures punitive in their nature, (particularly in institutions) which greatly tend to control and affect their action.

Methods of treatment, seclusion, mechanical restraints, and various practises resorted to in the government and control of the insane, in and out of asylums, involve the same principle concerned in this discussion.

The life of an insane person cannot be regarded as more valuable and precious to society, than any other human life, in determining the general good of the community, and should be measured only in its social and political sense, when considering the general welfare of a nation or a people.

Up to the present hour no State or country has deliberately provided for the execution or punishment of the insane. Thus far Christendom has, with one accord, when speaking by statutes, ordained that insanity was a complete defense to a charge of crime.

The common law of England, the Roman law, the oldest and the latest codes governing human action and responsibility, have forbidden the execution of the insane. The principle upon which this distinction and reservation has been made, is based upon motive and intention.

The essential element of crime is motive. No crime in the legal sense can be committed without deliberate intention. If it is believed that insanity has obscured the intellect and deranged the faculties of sense and will of the insane homicide, he should not be held responsible for acts which were committed while his faculties were impaired by disease that prevented the free exercise of his will or mind. Absence of motive, and of any rational cause or intention, become frequently most important elements in criminal investigations.

Still, under the forms of law, by the sometimes uncertain methods of its administration, under the legal tests usually applied in determining questions of responsibility, and of forms or grades of insanity, it constantly happens that persons confessedly and undoubtedly insane, are convicted of high crimes and sentenced to death.

Two conspicuous cases have recently occurred in England (Gouldstone and Cole), the case of Guiteau, in Washington, D. C., and two in your State of Pennsylvania within the last year (the case of Joseph Taylor, convicted of murder in the Court of Quarter Sessions of Philadelphia, Oct. 31, 1884, and the case of Dr. L. U. Beach, convicted at Holidaysburgh of murder, and executed February 13, 1885.)

There would be little doubt, I take it, among alienists, as to the insanity of all these accused persons.

All were convicted by juries where the defense of insanity

was interposed. In the three former, under judicial interpretation of the law, which, conceding insanity to exist, held the accused responsible if able to discriminate between right and wrong, to comprehend the nature and character of the act, and to understand the penalty prescribed by law for the punishment of such an offence.

In assuming that alienists everywhere would concur in the insanity of these persons, I do not mean to awaken or reopen the old discussion of *responsibility*, more particularly in the case of Guiteau.

While many would differ as to how far he was responsible for his acts, and as to what extent his will and conduct was dominated by his insanity, few would claim that his brain was normal and healthy, nor since the autopsy could doubt that his brain was to some extent diseased; nor could they seriously question the charge of the judge as to the existing law, or the verdict of the jury under that charge. As in the cases of Gouldstone and Cole, he and they well knew the nature of their acts and its penal consequences, and the juries could do nothing less under the charges made by the judges than convict, even though they found that the accused were insane, because well aware of the nature and consequences of their acts in each case.

The two English cases were, however, examined by a commission of alienists, appointed by the Crown after conviction and sentence, and pronounced unquestionably insane. Their sentences were commuted, and they were placed in an asylum, during her Majesty's pleasure, under the English law.

The American cases, although insane, were executed, and no steps taken in the case of Guiteau or Beach to have a competent commission of alienists pass upon the question of their insanity.

The Governor of Pennsylvania was applied to, to order such a commission in the case of Dr. Beach after conviction, and shortly before execution, and to grant a respite until such a commission should be able to examine the case and report.

This application was refused by Governor Pattison, under the belief, doubtless, on his part that—

1. Either he had not the power to grant a respite for such a purpose; or,

2. That the action of the Board of Pardons in refusing to grant a commutation of the sentence was conclusive and binding upon the Executive, he having no power of pardon or commutation under Pennsylvania law.

This brings us face to face with the question, in the State of Pennsylvania, as to whether an insane prisoner should be executed, where there is reasonable cause to believe that insanity exists.

Under the law of England, an inquisition can be ordered after conviction and sentence, as to the insanity of an accused person, and on the finding that the party is insane, the accused is placed in an asylum.

In New York such a proceeding may be taken before or after trial, and if the prisoner is found insane, he would be sent to the Asylum for Insane Criminals, at Auburn, N. Y.

I submit portions of a correspondence between Gov. Hill, of New York, and the writer, to illustrate the practical working of the law of New York in capital cases, by the Executive of that State:

STATE OF NEW YORK, EXECUTIVE CHAMBER,
ALBANY, April 7, 1885.

Hon. Clark Bell, 128 Broadway, New York City:

DEAR SIR—By direction of the Governor, I forward copies of an order issued by Gov. Cleveland, and the report of the commissioners thereunder; also of the order recently issued by Gov. Hill, and the report thereunder,

in the two recent capital cases where it was claimed the convict had been or was insane. I also give copy of statute under which the commissioners in these cases were appointed.

The Governor desires me to say that the system pursued not only secures justice to the criminal, but also satisfies the Executive in cases in some particulars the most difficult of decision of any that come before him.

Very truly yours, WILLIAM G. RICE, *Private Secretary.*

ORDER APPOINTING A COMMISSION TO EXAMINE INTO THE MENTAL CONDITION OF WILLIAM HENRY OSTRANDER.

STATE OF NEW YORK,
EXECUTIVE CHAMBER.

I hereby appoint Doctor Judson B. Andrews, of the city of Buffalo, and Doctor Edward N. Brush, of the city of Utica, commissioners to examine William Henry Ostrander, now confined in the Oneida County jail under sentence of death, and to report the facts as to the condition of the prisoner and their conclusions as to his sanity, to me in writing, on or before Tuesday, August seventh, instant.

Given under my hand and the privy seal of the State, at the Capitol, in the city of Albany, this third day of August, A.D. 1883.

By the Governor: DANIEL S. LAMONT, *Private Secretary.*

REPORT OF COMMISSION APPOINTED TO EXAMINE WILLIAM HENRY OSTRANDER.

UTICA, N. Y., August 6th, 1883.

To the Honorable Grover Cleveland, Governor:

SIR—In accordance with the instruction contained in your commission directed to us, we have made a personal examination of the prisoner, William Henry Ostrander, now in the Oneida County jail under sentence of death.

We have also examined and heard Mr. Cronin, the jailor; Mr. Appleton, late jailor at Utica; Mr. Anderson, late jailor at Rome; Dr. Holden, jail physician at Utica; Dr. Evans, jail physician at Rome; Mr. Barnett, the prisoner's counsel, and others

From our examination of the prisoner, and from the testimony of the above mentioned witnesses, we are of the opinion that the prisoner, William Henry Ostrander, is not insane, and respectfully so report.

J. B. ANDREWS,
E. N. BRUSH.

STATE OF NEW YORK,
EXECUTIVE CHAMBER.

I hereby appoint Carlos F. MacDonald, M.D., of the city of Auburn, and William C. Wey, M.D., of the city of Elmira, commissioners to examine George H. Mills, now confined in the Kings County jail under sentence of death, and to report their conclusion as to his present sanity, and their opinion as to his sanity at the time of the commission of the act for which

he was convicted. Such report to be made to me in writing, on or before April 6th, proximo.

Given under my hand and the privy seal of the State, at the Capitol, in the city of Albany, this 25th day of March, A.D. 1885.

(Signed) DAVID B. HILL.

By the Governor: WILLIAM G. RICE, *Private Secretary.*

To the Hon. David B. Hill, Governor of the State of New York:

SIR—The undersigned, commissioners appointed by you to examine George H. Mills, now confined in the Kings County jail under sentence of death, and to report their conclusions as to his present sanity, and their opinion as to his sanity at the time of the commission of the act for which he was convicted, such report to be made in writing on or before April 6th, 1885, respectfully submit: That they carefully examined the said George H. Mills on the first and second days of April inst., and also took statements from Charles B. Farley, Sheriff; Martin V. B. Burroughs, warden; the Rev. Job G. Bass, chaplain; Dr. A. Warren Shepard, physician; Patrick Shevlin, keeper, in said jail; also Hon. Henry A. Hoose, County Judge; Mark D. Wilber, Esq., prisoner's counsel; John E. Barnes, Esq., clerk to prisoner's counsel; Dr. Edward C. Mann, of Brooklyn; Andrew Mills and Thomas H Mabee, of the city of New York, and Samuel B. Mills, Samuel Robert Mills, and Peter Hudson, of the city of Brooklyn; and further, that they have read the testimony in the case as furnished them by your Excellency, from stenographic notes; and acting upon the information derived from these several sources, they have arrived at the conclusion that the said George H. Mills, at the date of the commission of the act for which he was convicted, was not insane, and is not now insane.

CARLOS F. MACDONALD,
WILLIAM C. WEY,
Commissioners.

BROOKLYN, N. Y., April 2, 1885.

COPY OF LAWS AUTHORIZING EXECUTIVE ACTION.

Laws of 1871, Chap. 666.—An act to authorize judicial inquiry as to the sanity of persons indicted for capital offences. (Partly superseded by Code Crim. Proc., Secs. 658-662.)

Powers of oyer and terminer to inquire as to the sanity; may appoint commission to examine and report; prisoner, how remanded, if insane.—Section 1. The Court of Oyer and Terminer, in which any indictment may be pending against any person for any offence, the punishment of which is death, shall have power, with the concurrence of the presiding judge of such court, summarily to inquire into the sanity of such person, and the degree of mental capacity possessed by him, and for that purpose may appoint a commission to examine such person and inquire into the facts of his case, and report thereon to the court; and if the said court shall find the person insane, or not of sufficient capacity to undertake his defense, they may by

order remand such person to such lunatic or other asylum as, in their judgment, shall be meet, subject as to the future disposition of the person to all the provisions of chapter twenty, part first, article second, title third, of the Revised Statutes. 3 Abb. N. C , 200.

Powers of the Governor after conviction.—Sec. 2. The Governor shall possess the same powers conferred upon courts of Oyer and Terminer in the case of persons confined under conviction for offences for which the punishment is death

New York Cases.—David Montgomery, sentenced to death for killing his wife at Rochester, N. Y., November 30, 1870. Hereditary predisposition to insanity existed in his family. Court appointed commissioners to examine as to his sanity, who reported that he was tainted with strong tendency to insanity and epileptic seizures, with violence. Notwithstanding the report, he was tried, to satisfy public clamor, and was convicted. After conviction and sentence, he was examined by competent alienists in Rochester jail, who pronounced him insane. The Governor then appointed a lunacy commission, who corroborated his insanity, and he was sent to the State Asylum for Insane Criminals, at Auburn, New York. There are nearly 200 insane persons at the New York State Asylum for Insane Criminals, at Auburn, a large number of whom are for completed or attempted homicide. I do not now recall a case where any insane homicide has been executed in New York. The practical investigation before or after conviction always sets the question at rest.

English Cases.—Besides the cases of Gouldstone and Cole, the case of Joseph James Donnelly may be cited, who was tried and sentenced to death for the murder of his sister, and severely wounding his mother.

He was respited under the English statute, after conviction, upon a medical examination, and sent to an insane asylum.*

* Lancet, August 9, 1884.

It is not unusual in acute attacks of insanity of the form of Dr. Beach, that it is accompanied by a more or less complete unconsciousness of the act and its details.

M. G. Echeverria, M.D., in *Journal of Mental Science*, (April, 1855), cites many interesting cases of this character.

THE CASE OF FREDERICK MARSHALL.—He was committed for trial at the Central Criminal Court in London for the murder of a girl at Woolwich.

The Home Secretary, under the act of 3 and 4 Victoria, and 27 and 28 Victoria, removed Marshall to Broadmoor Lunatic Asylum before trial, on report of medical inquisition of two medical witnesses, and the order of two justices.

Baron Huddleston has decided that, under present English law, a man charged with the gravest crime, may, on the certificates of two medical men and two justices, be withdrawn by the Secretary of State from trial; and this, also, without open examination of witnesses or cross-examination.

Dr. Orange, a celebrated alienist of England, formerly President of the British Medico-Psychological Association, in his presidential address, delivered before that body in 1883, stated, and gave the dates and figures, that down to the end of 1882 there had been admitted into Broadmoor Asylum eighty persons, who had been certified to be insane while awaiting trial, of whom forty-eight were charged with the crime of murder.*

The laws of Pennsylvania provide (Sec. 29, Lunacy Laws of 1883, p. 21):

"Whenever any person, detained in any gaol or prison, is insane, or in such condition as to require treatment in a hospital for the insane, it shall be the duty of any law judge of the court, under whose order the person is detained, upon application, to direct an inquiry into the circumstances,

* Journal of Mental Science, Oct., 1883, p. 336.

either by a commission or otherwise, as he shall deem proper, with notice to the committee on lunacy, and if the judge shall be satisfied that the person confined requires treatment in a hospital, he shall thereupon direct the removal of the said person from the gaol or prison to a State hospital, which order shall be executed by the Sheriff of the county, or his deputy, and the actual expenses of such removal and the expenses of maintaining the person in the hospital, shall be paid by the county liable for the maintenance of the said person in the gaol or prison from which he is removed."

This provision would have authorized a proceeding, in the nature of an inquisition, before the law judge who had jurisdiction of a prisoner claimed to be insane, but the language of the section is peculiar—"*and if the judge shall be satisfied that the person confined requires treatment in a hospital*," &c. &c.

By Sec. 1, Act of 1874, p. 160, Laws of Pennsylvania, it was provided: That when any person is imprisoned, convicted of any crime whatsoever, application may be made by the prison officials, or the Board of Public Charities were authorized to apply to any court having cognizance of the crime, or to any law judge of any such court, for a commission which the judge or court is authorized to appoint, consisting of three persons, one of whom shall be a lawyer and one a physician, "whose duty it shall be to inquire and report upon the mental condition of such prisoner," and if a majority of such commission report: "*that the prisoner is of unsound mind and unfit for penal discipline*," the judge who named the commission, or any other judge, may order the prisoner removed to the hospital for the insane, nearest the court, or to the hospital for insane criminals when established.

§ 2. Same act provides generally that all persons who may have committed a criminal act and are dangerous to the community, who shall be found insane in the manner provided by law, etc., that it shall be lawful for any court having cognizance of the crime to commit the prisoner to the State hos-

pital for the insane "*for so long a time as such person shall continue to be of unsound mind.*"

It would seem that these statutes were rarely invoked in the State of Pennsylvania, and I am unable to learn that any attempt was made by the counsel or friends of Dr. Beach to have an inquisition under their provisions.

There is no law in Pennsylvania of the character of that in New York requiring or authorizing executive action, and the practice seems rather to make appeal to the Court of Pardons, which has no authority under the Pennsylvania laws to order an inquisition. The Governor would be the proper officer to act in such case, and his powers and duties should be definitely fixed by law in such cases. The Board of Pardons are hardly competent to pass upon a question of insanity (in doubtful cases at least) without the aid of skilled evidence, and the executive should be authorized and directed by law to order an inquisition in any doubtful case after conviction. If found insane the accused should be ordered by law into the State hospital for insane criminals.

There is not much reliance to be placed upon the verdict of juries in murder cases where insanity is pleaded as a defense, especially where the crime itself is atrocious, as is usually observed in homicides by lunatics.

Public clamor and the universal prejudice against this plea, render verdicts by juries very unreliable and uncertain, but an inquisition as to the single question of sanity or insanity, before or after trial, by competent alienists, usually reaches the truth, and promotes the ends of justice.

If it is thought wise or best to execute the insane for acts which, if committed by the sane, would be punished by death, the laws should be so amended as to provide for it; but

if the laws are intended to prevent the public execution of the insane for alleged crimes, then some provision should be made, making it the duty of the executive to order an inquisition in cases of alleged insanity, to prevent the scandals arising upon the fair fame of the State of Pennsylvania, or on other American States, in such cases as that of Dr. Beach, or similar cases.

If it is claimed that the Governor has power to grant a respite in Pennsylvania in a proper case, and to order an inquiry after sentence, under existing laws, he may refuse to interfere, as in the case of Dr. Beach, because if the commission should find the person accused insane, the Governor could not pardon nor commute the sentence, and he might refuse to invoke a remedy, which the law would render him powerless to apply, even if the insanity was determined beyond a reasonable doubt on the inquiry.

As to the several cases cited, a word may be thought of value as to the question of insanity. In the English cases all doubt is removed by the finding of the eminent alienists selected by the government to make the inquiry.

Like doubts would have been removed if similar action had been taken by President Arthur, in the case of Guiteau, after the conviction and sentence, or by his friends or counsel by inquisition before trial.

No one can doubt that such an inquiry in the two Pennsylvania cases of Dr. Beach and Joseph Taylor, would have set at rest forever the question of the sanity and responsibility of both, or of either.

The case of Joseph Taylor has been very well stated by Dr. Clark Mills, in his paper read before the Medical Jurisprudence Society of Philadelphia, Nov. 11, 1884, who carefully

defined Taylor's insanity and explains the peculiar circumstances which led to his conviction.

The case of Dr. L. U. Beach is more remarkable, and it may be of interest to give a brief history of its leading features. Dr. Beach was of insane lineage and was shown to have been subject to acute attacks during his life.

The circumstances of the crime itself presented strong presumptive evidences of mental aberration. The only record of the evidence given on the trial is that furnished by the newspaper press reports of the trial, which are stated by his counsel to be sufficiently accurate for our present purpose.

THE CASE OF DR. BEACH.

I am indebted to Hon. A. S. Landis, senior counsel for Dr. Beach, of Holidaysburg, and to G. H. Spang, Esq., associated with Mr. Landis in the defence, for the copy of petition filed in his behalf before the Board of Pardons, from which I have made very full extracts.

EXTRACT FROM PETITION TO BOARD OF PARDONS.

Dr. L U. Beach was indicted in Blair county, for the murder of his wife, Mary Beach, on the morning of the 7th April, 1884. On that morning, at about 6:30 o'clock, he appeared at the house of Levi Knott, his brother-in-law, and said to him, "Levi, Mary is dead." Knott said, "What?" Beach said, "Mary is dead." Knott said, "What is the matter?" He replied, "She is lying down there in her own blood. I killed her. You can take me out and shoot me, and do what you please with me."

Knott at once took Beach with him, to go to the Mayor's office, and on the way stopped at the house of Mrs Fleck, a sister-in-law of the dead woman. He was confused and conflicting in his accounts of the occurrence, though a short time after he steadfastly declared he had no knowledge of committing the act. He was submissive, and disposed to do everything asked of him. He gave Knott the key of the house, and was then temporarily committed to the lock-up.

The defendant, with his wife, lived in two rooms on Eleventh Avenue, in Altoona, in a two-story frame building. The lower floor was occupied

by Charles Shannon, a watch maker. The two rooms above were approached by an ouside stairway, terminating at a door leading into the front room, used as the kitchen. Near that door another door opened into the back room, which was the bedroom. When Knott and others entered those rooms after receiving the key, they found the bed in the back room had been occupied by two persons. The bed clothes were tossed toward the foot. A woman's clothing lay upon a chair at one side of the bed. A few drops of blood were upon the pillow, and blood marks were upon the rail and post of the bed. Drops of blood on the floor led to the door, and on the knob of the outer door was blood. It had been locked, and the woman could not escape. The trail led to a window looking on the street, where were some marks of a bloody hand. Upon the floor were one or two pools of blood. Immediately behind the door lay the body of the dead woman. The limbs were carefully composed, and a sheet or cover was laid over the corpse. There was no blood upon the face. Alongside of the body were placed, in an orderly manner, two large surgeon's knives, and a small cleaver. All had blood upon them. At about 10 o'clock, in the presence of the coroner and his jury, Dr. W. R. Findley examined the body. The clothing upon the woman's person was saturated with blood. There was still a little warmth under the body. She had been dead about five or six hours. Her throat had been cut from ear to ear. There had been more than one cut, and it had been done with a sharp instrument. It was cut deeper on the left side than on the right. The wind-pipe was not quite severed, and the vertebræ in the neck were partly severed. The thumb and a finger on the right hand were cut as though a knife had been drawn through them. One of the fingers of the left hand was wounded, and there was a punctured wound upon the left fore-arm. These wounds produced death, and for inflicting them and thus killing the woman, Dr. Beach was indicted for murder. On the trial the foregoing facts were shown by the witnesses of the Commonwealth.

When arraigned the defendant pleaded "not guilty," and his counsel set up for him the defence of insanity at the time of the act. A large number of witnesses were called, and their testimony elicited the following facts entering into the history of the case:

L. U. Beach was the son of L. L. Beach, a farmer living in Bradford county, Pa. He was born in 1840. In 1857 or 1858 he was attacked with some malady which, after continuing for some weeks or months, left him greatly reduced physically, and affected mentally. He recovered his bodily health, and roamed about the country a lunatic. He conceived extravagant enterprises and impossible expeditions of travel and foreign adventure. He would sit down at a desk and pretend for an hour at a time to be writing, though he had neither pen nor paper. He would lie awake at nights and sing and whistle for hours. At other times he would rise at unusual hours and call at neighboring farm houses, waken the occupants, and insist on casting a devil out of a sore toe, or out of a sick person. These things

were frequent and well known to the neighborhood, and he was called by many of the people "crazy Beach." He was, after awhile, the subject of medical treatment by different physicians, who pronounced him insane, but improved so much in time that he completed his education, and having entered upon the study of medicine, received a diploma from some institution of the eclectic school in 1862 or 1863. During this, his first period of insanity, he was entirely inoffensive. Naturally his disposition was gentle, modest and kind, and he shrank from the commission of acts of unkindness or cruelty.

In December, 1864, he was married to Mrs. Frank Beach, a daughter of Dr. D. H. Sweeney, notwithstanding she had been warned of his previous insanity, and against the wishes of her father, who had, in 1858, treated young Beach as an insane patient.

In 1865 she was startled one night whilst awaiting her husband's return at hearing a loud voice proceeding from the stable. On repairing thither she discovered that it was Dr. Beach praying in a loud and incoherent manner. With some difficulty he was induced to return to his house, but she was obliged to remain up with him all night. She took him to his father the next morning, and after two or three days he was restored to his normal condition.

He had frequent returns of such attacks indicated frequently by reading the bible, praying, and proclaiming his purpose to preach the gospel, though when sane he was indifferent on the subject of religion.

He was easily influenced during these attacks to make purchases, sign notes, or part with his property. He was induced on one occasion to purchase from a travelling patent right agent a window fastener for the territory of Missouri, less St. Louis, for $500. He gave the seller his horse and buggy, all the money he had, a sleigh and his wife's watch, all amounting to much more than $500. He was at the time poor, and the horse and carriage were indispensable to him in his practice.

He was visited once by some neighbors who found him sitting in his house with his hands upon his knees, in a state of abject despondency. He said his whiskers and hair were dead, and "death was man's best friend." He imagined some threatening evil, and was only roused from his despair by those friends carrying him off a few miles to their home. Whilst there he would wander about the house during the hours of the night, occasionally indulging in loud unprovoked laughter, and over and over saying "death was man's best friend."

On another occasion he, with his wife, drove through the rain and snow of a November day some fifteen miles, to visit his wife's sister, Mrs. Terry, where they were to remain a day or two. His conduct and driving were strange, and perilous to himself and wife. They arrived at dark, and against all entreaty, refused to have his horse put away, declaring he must return to attend a sick patient, which his wife declared was not true. He refused to remove his wet overcoat even during the eating of his supper;

and that meal over, he, with his wife—both drenched and cold—immediately started over a long and dangerous road homeward by night.

These peculiar attacks, the members of his family say, were of frequent recurrence during the subsequent years. All acquaintances testify to the amiability and gentleness of his natural disposition. Some, that they feared him when in this mood, and one or two knew him to show signs of violence.

The nervous and restless condition of Beach was shown by the frequent changes of his residence. After his marriage he lived for five or six years in Dushore, Sullivan County. Then he went to Towanda; then to New Bloomfield, Perry County; then to Chicago; then to Newport; then to Altoona, where in a short space of time he lived in six different houses; then again to Newport; then to Sherman's Dale, and then to Harrisburg, where he and his wife separated—it is said they were divorced. This was in November, 1880, after a married life of sixteen years, and the birth of two children, who were taken by and are still with their mother or her friends.

Dr. Beach then went to Altoona, where he made the acquaintance of, and, it is said, married Mary Devine, his second wife—and the deceased.

After a short time he removed to Homer's Station, on the Bell's Gap Railroad; thence to Houtzdale; thence to Jeanesville, and finally back to Altoona, where he lived with his wife (Mary) till the morning of the 7th of April, 1884.

Whilst in Altoona he was retiring and reticent, and mingled but little with the people, beyond his professional intercourse. Some of his patients noticed his abstracted manner within a few days of the 7th of April, and his wife spoke to her relatives and neighbors of his nervousness and sleeplessness, and to one of her sisters expressed fears for her life. Differences were shown to have existed between them, but the watchmaker underneath said her's was the angry, complaining voice, and his was low and subdued. Their quarrels were complaints founded upon their poverty, but acts of violence were unknown. It is said she procured, or sought to procure, medicine for him the night of the killing. He had been in attendance upon protracted meetings of the Lutheran Church of Altoona for some four weeks prior to the 7th April. On Sunday, the 6th April, he united with that church, and participated in the sacramental exercises. The pastor conversed with him on the subject of religion about that time, and noticed that Beach touched upon irrelevant subjects whilst so talking. Others saw him on Sunday, cleanly dressed, visiting and attending to patients, though he talked but little to any one. The evening services in the church at which he was present closed about half-past eight o'clock, and he was next seen on Monday morning at half-past six o'clock, at the house of Levi Knott, announcing the death of his sister Mary.

In the trial of the case the defense further showed the remarkable hereditary predisposition to insanity in the prisoner's ancestors, on both the paternal and maternal sides.

On the paternal side, his grandfather, Nehemiah M. Beach, whilst in advanced life, became insane. His delusions were on the subject of religion, and continued with him till his death.

One of his sons, Stephen—uncle of the prisoner—was insane for many years before his death. He roamed the country bare-headed and barefooted, one while picking up stones on the highway; at another, tearing down fences to build them up again; stripping himself naked; pretending to raise barns; and singing and praying, and cursing, in the same breath. At times he was violent.

Another uncle, Charles, was idiotic. He never learned his letters, nor to count. He was only able to dress himself, and wander from house to house, a harmless imbecile.

Josiah, another uncle, was a frothing fool. He died in that condition.

His aunt, Laura Ann Peckham, had a son Henry—cousin of the prisoner—who was sane till he was twenty-three years of age, when he became insane, and it was necessary to confine him in the asylum at Harrisburg, where he died.

Nehemiah Beach had a sister, who had a son named Beardsley, who became insane. and died in that condition.

Nehemiah Beach's wife had a brother, who lived and died an idiot.

On the prisoner's maternal side there was a similar state of mental alienation.

His mother was Jane Grace. Her brother Ambrose was a farmer, but believed himself to be the Savior. He went about preaching, and dropping warning letters on the millenium. He died insane.

She had another brother, James U. Grace, who died of softening of the brain.

Another brother, Leonard Grace, could never learn either to walk or to talk. He slept upon his knees, and had no mind.

Another half brother, Joseph Grace, was born and died idiotic, at the age of eighteen years.

From such stock on both sides, sprang the defendant, and he himself, after the age of eighteen, had many attacks of mental aberration and insanity. During these attacks the evidence showed his utter incapacity for the discharge of his duties, and a disease that invested him with a gloom, despondency, moroseness, sleeplessness, and perhaps the violent impulse of an uncontrolled will, in absolute contrast with the peaceable and gentle traits of his character. The habits of his daily life, notwithstanding his infirmity, were of sobriety and correctness, and his social manner was quiet and unobtrusive. It is urged by his counsel that a man with such natural traits, without motive, with no hope of gain, and his heart just softened by the influences of a Christian profession, and with the emblems of a sacred rite still clinging to his hands, could not have committed upon his lonely and defenseless wife a deed whose atrocity is unparalleled, unless he acted under an impulse which no human power could have controlled, or with a

mind veiled in that darkness which had been transmitted to him by his ancestors.

A pardon was asked, because it should have been manifest to the jury that Dr. Beach could not have been sane when he killed his wife. The following facts point to that conclusion :

He had never used any violence on her.

He never threatened her in any way.

There was no evidence of jealousy, and she had no estate.

They had no children, and he could have left her at any time, if life with her was not tolerable.

He was utterly without motive.

He was naturally of a mild disposition, but this killing was the most atrocious the mind can conceive.

He could have fled, and no inquiry would have been made till he was out of the country.

He carefully composed the body, laid the knives at her side, and freely and instantly told her brother and sisters what he had done.

He surrendered himself, and the key of his house, and submitted to all that was proposed to be done with him.

He had been insane a great part of his life, *and had twelve blood relatives insane or idiotic.* This argues strong hereditary predisposition.

He was on that Sunday evening excited, restless, and nervous, and had been for almost four weeks without sleep. She gave him some kind of pills the same night.

His profession of religion on that Sunday argues the absence of any evil purpose, and the deed is in too violent contrast to imply either a healthy mind, or a deliberately formed design.

He was either insane at the time, or the victim of some hallucination, so that he either knew not what he was doing, or was impelled by a power which he could not resist.

Mr. Landis writes me on the subject, on the 11th instant, from whose letter I make a few extracts.

AUG. S. LANDIS, Attorney at Law, 167 Allegheny Street,
HOLLIDAYSBURG, PA., April 11, 1885.

MR. CLARK BELL.

MY DEAR SIR :—I find your letter to-day amongst my correspondence, and I hasten to answer it with such little time as I have to spare, in order that you may have it in time for your purpose, as requested.

1. I send enclosed a printed copy of Application to Board of Pardons—in Dr. L. U. Beach case.

2. No application was made in Dr. Beach's case under act of 1883. * * *

3. The medical testimony of those who had attended him during his attacks of insanity, was that he was at those times undoubtedly insane.

As to his mental condition at the time of the killing, the testimony of medical experts was purely upon a hypothetical question framed from the facts testified to. It was conflicting, but the weight of it was that he was at the time insane. We had, I believe, the testimony of nearly all the physicians who had attended him, and they all agreed touching his insanity.

4. The Governor has no power to pardon or commute without a recommendation from the Board of Pardons, but he may himself reprieve. * * *

The testimony is very voluminous and is all in type-writing form, but it could not be removed from the county.

Dr. Beach's dying statement (I have no copy) solemnly asseverates his innocence in that he was entirely unconscious of the act, till completed. He says his wife gave him some pills for sleeplessness before retiring. He dreamed bad dreams all night, and resumed consciousness when his wife's bloody body was before him, in the next room, in the last gasp. He has always persisted in this to me, and so up till he died.

Dr. Beach had not a fair show in one respect. He was tried shortly after the killing, and public prejudice against him was very strong, on account of the atrocity of the act. Recent acquittals elsewhere on the plea of insanity had aroused a public disgust at this sort of defence, and a halt seemed to be demanded The jurors manifestly shared this sentiment, and conviction was almost inevitable from the beginning. His execution was a mistake The grade of the crime should not have been higher than murder in the "2d degree," and having been convicted of "1st degree," the Board of Pardons should have recommended a commutation of sentence to imprisonment for life. The element of doubt as to mental sanity so pervaded the case, that he should have had the benefit of it to the extent of sparing his life. But a victim was wanted here, and the Harrisburg people were afraid to interfere.

I can say no more now.

With my regards, I am truly yours,

AUG. S. LANDIS.

Mr. G. H. Spang kindly furnishes information on the subject. I make the following extracts from his letters, dated March 20, 1885, and April 11, 1885:

"OFFICE OF G. H. SPANG, ATTORNEY-AT-LAW,
"ROARING SPRING, BLAIR CO., PA., March 20, 1885.

"CLARK BELL, ESQ.:

"MY DEAR SIR—I cannot send you the *evidence* in the Beach case in any other form than it is given in the printed pamphlet I send you by this day's mail. It was gotten up by a reporter of the Altoona *Call*—for speculation, most likely. It is not *official*, but I think may be sufficiently *correct* as to the *insanity proof*, to give you a better idea of the case than you have on that point—if you have not seen it before.

"*Exceptions* were filed during the trial; *points* were submitted to the Court; *exception* taken to the *charge*, and *motions* for a *new trial* and an arrest of judgment filed. All were argued and overruled by an able and *impartial* judge. You have his *charge* in the pamphlet sent. The papers were then prepared for a writ of error. The difficulty which was met from the beginning was again experienced here. I might state that in the preparation for trial it was found that witnesses for defence were scattered over five counties. They were poor, many unable to come, and the Court powerless to order the county to pay their expenses. All that could be done was done, by the Court ordering that the *services* of *subpœnas* be paid out of the county stock, and *mileage* of witnesses, which would not pay their bills and necessary expenses. The defendant was *destitute*. His father did what he could, and it was but very little, in all I believe less than $100, toward paying the expenses, printing and all. The writ of error was paid for by Wm Landis; and when no bail could be found, he and myself became sureties in the recognizance. The application for the writ was forwarded at earliest practical moment, but reached the Prothonotary's Office a day too late to be within the time '(20 days) from sentence,' as fixed by the act of Assembly. Application was then made to the Supreme Court for a special allowance, which was refused The case was then taken before the Board of Pardons, for reasons assigned in the appeal (printed), which will be sent you.

"You ask: 'Was there no step taken to induce the Governor to reprieve, aside from the effort made before the Board of Pardons?' I answer: Under Article 4 Section 9, of our new Constitution, the power of the Governor to grant *commutations of sentence* and pardons, *can only* be exercised 'upon recommendation in writing by the *Lieutenant-Governor, Secretary of the Commonwealth, Attorney-General*, and *Secretary of Internal Affairs*, or any three of them, after full hearing, upon due public notice in open session.' (These constitute the Board of Pardons.) Having failed to get their 'recommendation,' we could not go before the Governor; nor could we ask of the Governor until we had gone to them *first*. I am writing hurriedly, of necessity, for which I must ask your indulgence.

"Hastily and respectfully, your obedient servant,

"G. H. Spang."

"Office of G. H. Spang, Attorney-at-Law,
"Roaring Spring, Blair Co., Pa., April 11, 1885.

"Clark Pell, Esq.:

"My Dear Sir—There were no proceedings instituted under the 29th Section of Act of 8th May, 1883. That act, I believe, relates to the admission of insane criminals into hospitals, and requires an *order of court* before they are received, &c. The quest on as to his mental condition—*as to the insanity* and his requiring *medical treatment* in a hospital, would have raised the *real issue* upon the threshold of the case, and the judge's 'inquiry into the circumstances, either by a *commission*, or otherwise, as he shall deem

proper,' would have resulted (even if a proper case (?)) in no *practical good*.

"The constitutional right of trial by jury was accorded him, but, in his very *destitute* and *lonely*, helpless condition, failed to result in his acquittal, as you know. You have seen, and the papers sent you will clearly show, that the act was MOTIVELESS. There was no *malice*, no *revenge* sought, no *wrong* to *redress*, nor was it for *gain*, for the act involved no hope for money, property, or advantage of any kind to be gained. His life was peaceful and gentle, and between him and his wife there was the usual kindness found in well regulated families The case stated for the Board of Pardons presents the *facts fairly*. The *insanity* of his *relatives*, and his *own condition*, are facts that were all more fully sustained by the evidence than they are given there.

"For your friendly interest, and that of the 'Medical Jurisprudence Society of Philadelphia,' in this matter, I feel grateful.

"Although it can *now* be of no use to the poor, unfortunate Dr. Beach, it may be *beneficial* to *science*, and a *blessing* and *help* to some other 'forlorn and shipwrecked brother,' who, with a clouded mind, and a leaden sky above him, may be called upon, in an unfortunate hour, to answer with his life for a crime that is similar.

"Please advise me of the *action* taken by your Society, and the *result*. With kind regards, believe me, Respectfully yours, G. H. SPANG."

The evidence, as published by the *Altoona Call*, which counsel say is substantially correct, may be briefly summarized as follows, in respect to his previous attacks of insanity.

It was both medical and lay testimony. The medical was by Dr. D. H. Sweeney, of Clearfield, Pa., the father of the first wife of Dr. Beach. That he was subject to attacks of acute insanity during his early life, for which he had treated him professionally.

Dr. M. F. Terry, of Terrytown, Bradford County, Pa., married a sister of Dr. Beach's first wife, and described his attacks of insanity at various periods of his past life, for which he had, on some occasions, treated him.

The lay evidence was very strong, and was by A. M. Grace and C. S. Grace, of Bradford County, Pa., A. W. Bailey, M. W. Waldner, who had known Dr. Beach from

boyhood, and who detailed his insane attacks at various periods of his life, as far back as his 18th year.

Louis Beach and Charles Beach, his cousins, L. S. Beach, his father, Mrs. Frank Beach, his first wife, Mrs. Mary Terry, her sister, Miss Mary Sweeney, another sister, all testified to various and repeated attacks of insanity at various periods of his life, and described them in their evidence, and no attempt was made by the prosecution to controvert this evidence, so far as the printed pamphlet shows. His first wife, among other things, testified:

That she was married to the defendent in 1864 at Du Shore, Bradford County, and resided there six years. In the spring of 1865 she first noticed the queer behavior of her husband. He would at times stay in his stable and alarm the whole neighborhood by uttering strange, unaccountable cries; at sundry other times he showed wandering propensities, indicating that his reason was dethroned; his general disposition when not influenced by moodiness, was kind and pleasant, but it was exceedingly variable during these attacks He was in every sense a prodigal, scattering his wealth much sooner than he could collect it. During these periods of moodiness, he would neglect his profession entirely and give all his attention to religion and kindred subjects. He had several spells while we were at Harrisburg; they would become more frequent and remain longer; I considered him hopelessly insane.

I read a letter from this lady (who certainly could not be claimed to have been unduly prejudiced in favor of the accused), written to Dr. E. C. Mann, of New York, which, with other letters, were read before the Medico-Legal Society of New York, and forwarded by Dr. Mann to the Board of Pardons, which may be of interest.

JENNINGSVILLE, Wyoming County, Pa.
DR. MANN. December 2d, 1884.

DEAR SIR: I have received a letter from Dr. Beach requesting me to inform you of his mental condition during our acquaintance. This is my apology for writing you. Dr. Beach had been insane and treated for insanity previous to our marriage, by different physicians. I soon learned that any excitement, particularly of a religious nature or business em-

barrassment, brought on attacks of insanity: his manner at such times was so reticent and apparently so self-possessed that an ordinary observer would not be able to detect his insanity. As time passed on these attacks became worse, and his intellect became weaker, at some periods it amounted to almost idiocy. As these temporary attacks passed off, his mind would brighten and he would be very successful in every thing he undertook, and he would remember very imperfectly everything that had passed. These attacks nearly always commenced with weeping, praying and great mental depression, also the most distressed paroxysm of laughter. These attacks sometimes lasted two or three weeks, sometimes months intervening between if no exciting cause existed; sometimes he was very quiet and easily managed, at other times he was violent and would bear no contradiction. His natural disposition was extremely pleasant and the most forbearing, even under great provocation. He was uniformly kind and gentle to his children and myself in his sane moments. I think there is hardly a case recorded where so many instances of insanity existed in both maternal and paternal ancestors. I presume you have been informed that this tragedy occurred at the close of a three months' religious meeting he had attended regularly. I am not able in any way to express my gratitude to you for the interest you have taken in this unfortunate man. I trust heaven's richest blessings will reward your humanity,

Very sincerely yours.

Mrs. Frank Beach.

The prosecution introduced a large number of lay witnesses who had known Dr. Beach for several years before the tragedy, who swore that they had always regarded him as sane, and a good physician, Mr. Ebert, Mr. J. W. Otto, Mr. Trexel, Mr. John Flynn, Mr. Haphins, Mr. Bradley, Mr. Fry and Capt. W. H. Jeffries, none of whom were alienists or shown to have any knowledge of insanity, and none of whom had ever known or heard of the attacks, and all of whom supposed him and considered him to be sane. Similar testimony was given for the people by C. B. Struck, W. A. Chase, Geo. W. Kessler, J. Ross Mateer, Jno. A. Smith, James and William Robertson, Bernard Flanigan, Ed. Urtherly, Henry Yon, Rev. M. J. Fiery, Sol. Boyer, Jacob Lawson, Geo. J. Akers, C. C. Shannon, Mrs. A. W. Toner, Mrs. Mary Behm, Mrs. Agnes Knott, Mrs. Jennie Fleck, Levi Knott.

None of these had any knowledge of these attacks, or had ever seen anything wrong or peculiar in his conduct, and their testimony was, that they had never observed anything in his manner or conduct that indicated insanity.

Not a medical witness was sworn by the people, who testified that they had examined him and regarded him as sane.

To the Prosecutor's hypothetical question, Dr. W. C. Roller answered that he should regard such a man as sane, and to the hypothetical question of the defence, "that he should consider such a man rather as a crank than as insane."

Dr. R. Wailles, to the Commonwealth's hypothetical question, said he should not consider such a man insane.

The pamphlet does not furnish the hypothetical question of the people. That propounded by the defence was:

Supposing the following state of facts: A young man eighteen years of age is attacked by some disease lasting for some months, which reduces him physically and leaves him with impaired mind induced by sleeplessness and nervousness, who rises at midnight and goes about to cast out devils from sick people in the neighborhood and is treated for months by several physicians for mental disturbance and insanity.

After an interval of two years, having married, is found by his wife at night in a stable praying loud, refusing at first to return to his house, but remained up all night under the efforts of his wife to quiet him, being helpless; and complaining of pains in the head, and greatly oppressed, and continued more or less so for a week; had frequent returns of the same kind of spells at shorter intervals and of greater severity, which those who saw him at the time, pronounced insanity; his conduct during this was irrrational, conversation wandering, he taking long imaginary journeys; proposing wild and extravagant schemes; making reckless purchases; squandering his and his wife's means; being peaceable and quiet in his normal condition, and being nervous and gloomy and excessively religious during his abnormal condition; his mind, when so attacked, indulging generally in reading the Bible and praying, although not a professor of religion, or being precipitated into a disturbed condition by attending religious meeting or hearing reference made to the subject.

Having a profession which for success required permanent location, yet roving over the country as his malady increased, not remaining long in any one place, inattentive when in these moods.

Shown to be nervous and sleepless, strange and peculiar in conversation and appearance up to the day before the commission of the homicide; and for some weeks prior thereto attending from time to time a series of revival meetings culminating with his membership and communion with the church on the night before the killing.

Such man the son of a family having the taint of insanity in both the paternal and maternal branches; on its first a grandfather (Nehemia) insane on the subject of religion; an uncle (Stephen) a wandering lunatic praying, singing and evincing an insane religious zeal, yet praying and cursing and finally dying in an asylum; another uncle (Josiah) who lived and died a confirmed idiot; another uncle (Charles) a helpless imbecile; a cousin (Peckham) who died in an insane asylum; on the other side an uncle (Ambrose Grace) who was insane on the subject of religion; a cousin (Leonard) who died an idiot, and another (Joseph) who was idiotic; another cousin (Beardsley) who died insane, and still another cousin who lived and died an idiot (Theron.)

Such a man and under such circumstances, returning home under the mental strain of solemn religious exercises, who for some days and nights previous had been restless, nervous and sleepless, with pains in the head, finding in his sleeping room a case of amputating knives, making dangerous weapons with which to take life; the opportunity of a sleeping and defenseless wife, with no disclosed motive for taking her life; homicide committed in the most atrocious manner that can be suggested by the imagination; after which the body decently and orderly composed upon the floor, with the weapons used laid by the body; the house locked and instant confession made to the relatives of the deceased, with surrender of the key and his person without desire or effort to escape, in the face of abundant opportunity, and with an appearance and manner of calmness, coolness and deliberateness.

Taking all these matters as true of L. U. Beach, what in your opinion was the condition of the mind of L. U. Beach at the time of the commission of the alleged offense, was he sane or insane?

The Altoona *Tribune*, in publishing an account of his execution, published his last statement, written and signed by Dr. Beach, read by the Rev. E. B. Kellinger from the scaffold, which was as follows:

This is my last statement before God and man concerning the crime for which I am at this moment to suffer the stern edict of the law. I solemnly affirm before my God and Maker, into whose presence I am now to enter, that I was irresponsible at the time for the death of her whose life I am now to atone. I solemnly declare that I did not premeditate her death or had I the faintest idea of taking her life. There was no difficulty at the time be-

tween us for the deed. Our relations to each other at the time of retiring were of the most amicable nature. As I look back to that time, to the night the deed was committed, it seems like a dream I must certainly have been in an irresponsible state, or in an unconscious condition of mind, resulting from the influence of medicine taken that night, or a delusion of some kind which involuntarily controlled me. Not a single act of the whole tragedy is clear or distinct to my mental vision. All the circumstances indicate that I must have taken her life, for there was no one else there to do it, but I do emphatically deny taking her life wilfully or consciously. I had been in a somewhat excited state of mind for some weeks previous, owing to my anxiety concerning my spiritual condition and a determined disposition to live in the future a strictly religious life. As to my preparations for and a hope of heaven I will refer you for information to my spiritual adviser. It seems hard for one in the prime of life to be the victim of such unfortunate circumstances and to be thus called away. But I am perfectly submissive to God, and reconciled to my fate. I harbor no feeling of animosity against any living man or woman. I forgive all as I know I am forgiven of my Father in heaven ; through the merits of His Son, my Saviour, I had hoped that the law would see the true condition of my case at the time, and that I would still be spared to do still more to alleviate the sufferings of my fellow men, but the decree has gone forth and I submit. I return my sincere thanks to my legal counsel, to my spiritual adviser, to the warden and his family, and to all others who have shown me acts of kindness. I hereunto subscribe my name, this twelfth day of February, eighteen hundred and eighty-five. L. U. Beach.

The same journal publishes (February 19, 1885), a paper prepared by Dr. Beach, shortly before his execution, dated February 5, 1885, occupying more than a column of that journal, and not signed by Beach, though in his handwriting, which he had intended to have published in pamphlet form and have sold for the benefit of his children, but which he did not finish before his death.

I read a few extracts from this statement, which bears upon his "mental condition :"

THE NARRATIVE OF BEACH.

Hollidaysburg, February 5, 1885.

This day I was informed by the Sheriff that I would be executed one week from to-day, next Thursday. The Board of Pardons refused to do anything. There were doctors from Altoona who claimed to be experts who

went against me, and I had only A. S. Landis to work for me. I write these lines for the benefit of my children and family. I am innocent of this great crime. I was sick at the time and was not myself. But I will now commence back. * * * *

"I was sick more or less of the time I was in Altoona, that is, from February, 1880, to March, 1881—one year I was troubled with my head. I had a kind of cerebral stroke, which affected my right side and the back of my head, and gave me constant pain. That was the last of or middle of February, and while I was boarding there in Altoona. I was worried about my wife and children. They were in my mind constantly. If Frank had written for me to come back, I was more than anxious to go." * *

"As to the morning of the 7th of April, I did not rest well that night. I had been sick a month before, with pains in my head and a bad feeling more or less of the time, for which I was taking medicine. Mary was urging me to do more for myself. Several different times I could not rest, and when I would be sitting down for the three days before, I would think I saw some persons standing beside me, when there was no one in the room; sometimes there were two or three. I became alarmed about myself, and would go out and walk around until I had walked myself into a calmer mood. I had severe pains in my head, in the back of my neck, and down my spine. When the deed was done I think I must have been asleep, for it seems like a dream to me I remember seeing a snake, and it seemed to me that I was fighting it. My first waking realization was of Mary standing by the door, and I took the knife from her throat. It seemed at first as though it was sticking in her throat, and I pulled it out. I was frightened at what was done. I eased her down on the floor and straightened her limbs out. As she went down she spoke to me. She said: 'Dearie.' I hurried and put on my clothes and went to her father's, my purpose being to tell Levi Knott before he started for the farm. It was 5.30 o'clock A. M. I went through the barn thinking he might be there, preparing to go to the farm. He was not there, and I went to the house. I always went to the house that way. I told Levi that Mary was dead. I was so overcome with grief that I did not know what to do. He took me from there to the Mayor's office; we overtook the Mayor going down. I asked Levi at the house what he wanted me to do. I felt so faint and weak I could hardly walk. I stayed there till afternoon; they got me some bread and coffee, but I could not eat. I could not sleep for a month after I was here, and had pain in my head and breast for over two months. I was so overcome with grief I could not eat or sleep. I have averaged about two and one-half hours for my sleep. I could not do anything for myself for grief and sorrow. I would ask myself how this thing happened. I could not think I did such a thing. If that case had not been so handy, I know it would not have been done. I had no premeditation or thought of doing it, for I often thought, what would I do without Mary E. She was happy there in our rooms, and would often say: 'Here is where I am happy,' telling me several times a day if she had been out, and at other times."

The editorial comment of that journal was as follows:

"The sad end of this man may not be without its beneficial lesson to other men of a homicidal turn of mind. The defense was insanity, and it was most ingeniously pressed upon the attention of the jurors by the murderer's counsel. It was a popular plea; a plea which has cheated the gallows of many a criminal, and which has so filled our insane asylums that the State Board of Charities are actually asking the Legislature to provide a separate prison for the safe-keeping of 'insane murderers.' In this case, however, the plea did not avail. And if men who are contemplating murder in the hope of escaping death by the plea of insanity, emotional or otherwise, will take warning by the fate of Dr. Beach, he will not have died in vain."

Dr. E. C. Mann stated before the Medico-Legal Society of New York that he had forwarded affidavits from physicians and others to the Board of Pardons, but I have not been able to obtain copies of the papers sent by him.

I read also from the same journal an extract, showing his intention to commit suicide, and how he obtained the poison, and the circumstances attending his change of purpose, made on the authority of his spiritual adviser, Rev. E. B. Killinger:

"Had it not been for the religious influence of the Rev. E. B. Killinger, in all probability the gallows, Thursday, would have been cheated of its victim. Notwithstanding the precautionary measures taken by Warden Kephart, Beach had poison enough in his possession at 4 o'clock on Wednesday afternoon to have placed himself beyond the reach of the hangman's rope. The teaching of this reverend gentleman had such influence and power over the mind and conscience of the condemned man, that he determined to change his purpose to take his own life, lest his chances for happiness in the next world would be impaired. To make sure of this blessed peace, he concluded to let the law take its course, and as a result, on Wednesday afternoon, when Rev. Killinger came to see him, Beach said:

"'You have been an angel of light to me. Had it not been for you, I could and would have taken my life long ago.'

"He then took from his pocket a little package, done up in brown paper, and said:

"'This paper contains enough poison to have produced my death in three hours.'

"The reverend gentleman then told him that he should not for a mo-

ment think of taking his own life, and asked him to give the poison into his hands. He did so willingly. The paper contained twenty small pills, each pill containing one grain of morphine, and enough to produce death. The manner in which Beach procured the drug and kept it secreted is of rather an interesting nature.

"Shortly after Beach was incarcerated, he complained of neuralgia in his face, and asked for something to ease the pain at night. A physician of Hollidaysburg was called in and prescribed morphine, giving positive orders to the warden to give the prisoner but two pills each day and to see that he swallowed them. But Beach managed to deceive the warden, in the following way: When he was given the pills he would place them in his mouth and take a drink of water, pretending to swallow them. Instead of doing this, he placed the pills between his tongue and cheek, and after the warden had gone, took them out and secreted them.

"When he found there was no hope for him, and suspecting that he would have to change clothing and be searched as well, he placed the morphine in the hem of a new undershirt, which he had never worn, and hung it up on the wall of his cell. When he was ordered to another cell, he picked up the garment and took it with him, and after the examination put it on. Thus it can be seen that it was through no fault of his guardians that he obtained the poison. Yet had he decided to do so he could easily have died by his own hands The above are facts and can be substantiated by Rev. E. B. Killinger."

The autopsy was conducted by Drs. Geo. W. Smith and W. C. Roller, of Hollidaysburg, and J. W. Johnston, of Claysburgh, while a large number of medical men were present. The brain was removed, and sent to Prof. Tyson, of Philadelphia, who, in connection with Dr. C. K. Mills, have nearly completed an examination of it.

Through the courtesy of Dr. Geo. W. Smith, I am enabled to read a note received from Prof. Tyson this evening since I arrived at Philadelphia, in response to my request to furnish me with any data he could now give as to the brain of Dr. Beach.

I read his short note:

April 14, 1885.

Clark Bell, Esq.

My Dear Sir:—I regret very much that my engagements this evening will not permit me the pleasure of listening to your address. But I send

you the essential parts of my report, the most important of which is that of Dr. Mills on the surface examination.

Very truly yours, JAMES TYSON.

Dr. Mills reports on the surface examination of the brain "a lack of symmetry between the two hemispheres of the brain, an asymmetry distinctly atypical. The Sylvian fissure of the left side, for instance, extended upward and backwards nearly to the median edge of the hemisphere, the corresponding fissure of the right side being much shorter and about in the usual position. Some of the larger fissures showed a marked tendency to confluence. Foetal and ape-like conditions were present in unusual numbers. Some of the frontal fissures and convolutions, for example, were of a low type and simple character, and one of the bridging convolutions between the occipital and parietal lobe present in the ape, but scarcely ever seen in man, was here strikingly developed. This is a rare anomaly in the human brain."

I have to report, for myself, that in the examination of a large number of sections from different situations, including membranes, convolutions, and blood vessels, no abnormalities of structure were detected.

From the foregoing observations, there would seem to be little room for doubt among intelligent alienists as to the insanity of Dr. Beach.

The lesson of this case for the State of Pennsylvania is plain.

While the Governor of your State has unquestionably the right and power to order an inquiry after sentence and conviction in capital cases, and while this power has been heretofore exercised in the history of the State, there is no statute making it incumbent upon him to do so, or to compel him to act.

While the Governor has the power of reprieve in Pennsylvania, he has not the power of pardon or commutation of sentence, except on the recommendation of the Board of Pardons.

The law adopted in New York should be enacted in your State, requiring the Governor to order an inquisition in all cases where there is a reasonable doubt as to the sanity of

a condemned prisoner, and, if found insane, the Governor should be authorized to order the condemned to a State Hospital for the Insane, in case you have no asylum for the criminal insane, a want which I trust will not exist much longer in this great Commonwealth. The State of Pennsylvania, under her recent enlightened legislation, now occupies the foremost place among the States of the American Union in that great work of Lunacy Reform now engaging the attention of thoughtful minds throughout the civilized world.

If the Medical Jurisprudence Society of Philadelphia can be instrumental in arresting public attention, so as to prevent the public execution of insane homicides, under and by virtue of wise provisions of law, which will uphold the honor and dignity of the State, the due administration of justice, and the public confidence in and respect for the majesty of law, it will have accomplished a useful purpose, and merited that recognition which the French Empire awarded to our sister Society of France, as "having been established for the public good.

NOTE.—The cut of Dr. Beach accompanying this paper is from a photograph furnished by the Sheriff who executed Dr. Beach, and who states that it was taken shortly before execution.

Dr. L. U. Beach.

INCREASE OF INSANITY:

CAUSES AND REMEDY.*

By Ira Russell, M.D., Winchenden, Massachusetts.

Ex-Vice-President of the Massachusetts Medical Society; member of the American Association of Superintendents of Insane Asylums; N. E. Psychological Society; Mass. Medico-Legal Society; New York Medico-Legal Society; Sup't Family Home for Treatment of Mental and Nervous Diseases, Winchendon, Mass.

The increase of insanity is an admitted fact confirmed by statistics. The last census report is very thorough and reliable upon this subject, much more so than any of the preceding ones. The same condition exists in England and other European countries.

The ratio of the increase of the insane is greatly in excess of the increase of the population. The increase of insanity both here and there is due to many causes. The changes produced in social life by modern civilization are an important factor. Dr. Pratt, of Michigan, truly says that we see more, think more, hear more, read more, feel more, know more, worry more in ten years than our grandfathers did in thirty. Where does the strain of this intensity fall? Not on our physical strength; for, with all we do, we do not labor as hard physically as did our fathers before us. This strain of intensified life falls, and of necessity must fall, on the brain

* Read before the New York Medico-Legal Society March 18, 1885.

and nervous system. The rapid increase of paresis and of other forms of brain and spinal degeneration among our ablest, busiest and best men furnishes a fearful proof of the effects of overtaxing the nervous forces. An important factor for this increase of insanity is undoubtedly due to foreign immigration. Statistics compiled from the last census report, show that one-third of the insane are derived from the foreign born, who constitute only one-eighth of our entire population. The exciting causes which produce this large amount of insanity among the foreign born are doubtless many. Foreign municipalities in many instances ship men of their defective and dependent classes to this country, to get rid of their maintainance. Then, again, the change of climate, food, occupation and the deprivations to which these immigrants are subjected, has its influence, to say nothing of home-sickness, which is an important exciting cause in the production of mental disease. But statistics show that there is an increase of insanity among the native born. Here the element of our modern civilization comes in as an exciting cause Take any of our great industries, and note the changes that, during the last forty years, have taken place in the manner in which they are carried on, and the effects these changes have wrought upon the operatives. The general diffusion of education makes our young men anxious to win success. What are the chances of success, as compared with forty years ago, for young men starting in life without means? Forty years ago the commerce of the world was carried on in sailing vessels, each vessel manned by a few men. Every intelligent sailor felt that the avenue to become a master of a vessel was open to him.

How is it now? The commerce of the world is carried on

in steamships with large crews, affording the poor sailor, however talented he may be, no opportunity for promotion. That class of noble men, retired sea captains, formerly so numerous in New Bedford, Nantucket, Salem, and Newburyport, have become, like angel visits, few and far between. Our young men no longer seek the ocean for fame and emolument.

Take another of our industries, one of the leading industries of the State, the manufacture of shoes. Forty years ago a young man learned the shoemaker's trade; he learned to make a shoe. Forty years ago any one travelling through Lynn, Danvers, Natick, Haverhill, would observe attached to many of the houses a small shop, in which from one to a dozen men were engaged in manufacturing shoes. Each one made a shoe. Now these small shops are things of the past. They have given place to large manufactories with hundreds of workmen, not one of whom ever did or can make a shoe. The making of a single shoe requires the services of at least a dozen men. The work is divided into so many different branches—a man does one thing, and that continually. He cuts, or lasts, or sews, or pegs, or trims, and nothing else. The same thing holds true in all mechanical employments. Formerly a carpenter built a house; he did all the work; he made the doors, the sashes, the blinds; in short, he built a house. No such condition exists at the present time; the work being divided into a great variety of different branches. I wish to show that this division of labor has a twofold influence on the laborer, both mental and physical. Formerly the shoemaker with moderate means, in his little shop, with a dozen hands, considered himself a manufacturer of shoes, and felt that the avenues to wealth were open to him. Such

a condition inspired him with hope and confidence. He was content with his sure, though moderate, gains. All these avenues to competence are forever closed. None but large capitalists can manufacture shoes successfully. The physical effects of the division of labor are manifold. The mechanic does one thing day after day, year after year. He stands in the same position from morning till night, using certain muscles continually, while others are at rest and not used at all. The unused muscles are poorly nourished, become flabby and atrophied. Is it unreasonable to suppose that such a condition will affect the brain and nervous system?

Dr. Luys, in his work on the brain and its functions, referring to the localization of function as taught by Ferrier and Hitzig, after referring to the experiments of Dr. Bartholow upon the human brain, in a patient whose brain had been denuded by a degeneration of the cranial case, says:

"Finally, in certain pathological cases in which I have made special researches, still unpublished, I have even been able to demonstrate, as a proof of the existence in the cortical layer of isolated foci of motor excitation, that in persons who had undergone amputation at a distant date—subjects who had long been deprived of an upper limb, in the case of disarticulation of the shoulder, for instance—there existed in certain long disused regions of the brain, coincident, very distinctly localized atrophies. I have, moreover, demonstrated that the atrophied regions of the brain are not the same in the case of the amputation of a leg and in that of amputation of the upper limbs."

Granting the conclusion of Dr. Luys, that the deprivation of the different members of the body may affect the nutri-

tion of the brain, why may not the non-use of the members affect the brain? The lessened chances for the laboring classes to improve their condition, and the fixed and unchanging methods of employment, must have an influence in the increased production of insanity among that class of our population.

The feeling of dependence is not a promoter of mental health. Previous to the construction of railroads, stages in vast numbers carried the passengers, and the Jehus who held the ribbons had a realizing sense of their importance. Equally self-important were that numerous class of men who drove the great wagons, with four, six, and eight horses attached, that transported the merchandise from the centres of trade to the rural towns.

The great improvement of which we boast, especially in labor-saving machinery, as Herbert Spencer says, has not improved the chances of the masses. The masses may be as well fed and as well clothed as before, but the chances to rise from their normal condition are much lessened.

Men like ex-Gov. Claflin, Henry Wilson, and many others were graduates of the small shoe shops already referred to. The large manufactories do not graduate such men. The discontent of the masses is shown in strikes and various social disturbances.

Forty years ago, speculation in stocks was almost unknown. Within a few years, some men have become immensely rich by fortunate speculation in mining, oil, telegraph, telephone, and railroad stocks. The contagion has spread. Thousands of men with small means, small salaries—clerks, professional men, lawyers, physicians, and clergymen even—have dealt in margins, with the expectation of becoming suddenly rich.

While one in a hundred may have made something, the ninety and nine have been sadly disappointed, and lost all. Wall street is the great maelstrom that has swallowed the hard earnings of thousands upon thousands of unfortunate victims. Beecher has quaintly said that the angels hold their noses when they look down on Wall street. Is there any wonder that the anxious, sleepless victims of Wall street should become insane? It must be obvious to all, that the matters I have referred to embrace but a small part of the deleterious influences connected with our modern civilization, that affect mental health. I know that, back of all these influences, there must be something in the individual constitution, inherent or acquired, that predisposes to insanity, so clearly set forth by Dr. Stearns in his article on the insane diathesis.

But the limits of my paper will not allow me to say more. I wish, however, to offer a few thoughts on the curability of the insane. Dr. Earle has conclusively shown that the percentage of cures of the insane is unfortunately small. Why is it so? The one great cause of the low percentage of cures is the lack of early treatment. I have carefully examined the reports of insane asylums in the United States and Canada, as well as English statistics, in which is stated the length of time the disease has existed before the commencement of hospital treatment. Take the Biennial Report of the Minnesota Hospital for the Insane. We find that out of 3,449 admissions, in only 1,358 of these cases had the disease existed less than twelve months; in the remaining 2,091 cases it had existed more than twelve months; in 196 of these last, from two to three years; in 132, from three to four years; in 86, from four to five years, and so on. Take

the Mount Hope Retreat, in charge of Dr. Wm. H. Stokes. Out of 615 admissions, in 392 of the cases the disease had existed more than one year. In the Danvers Asylum, out of 497 admissions, the disease had existed more than one year in 255 cases; 61 from one to two years, 79 from two to five years.

In all the reports I have examined, the disease has existed for a longer period than one year in more than one-half the cases admitted for hospital treatment. The length of time the "discharged cured" have been under treatment is not generally reported. Dr. Stokes' reports show that from seventy to eighty per cent. of those admitted within six months were cured, and fifty per cent. of those admitted within from six to twelve months. The above statistics correspond with my own observation. The insane have rights, and the most important of all their rights is the best and speediest treatment to restore them to health. From the above statistics, that in a majority of cases the period for successful treatment is allowed to pass before anything is done, it is manifest that there is an unfounded popular prejudice against insane asylums, and, in consequence of it, many lunatics are allowed to go at large, unrestrained.

While there is one unnecessarily confined in insane asylums, scores are at large who ought to be confined. The result is, the frequent occurrence of horrible tragedies, that shock a whole community; and cases of pistol shot, drowning, strangulation, or poisoning, producing grief and dismay in many a quiet family circle. How often we read accounts in the newspapers about the death of a certain person who had taken no food for days or weeks.

I once suggested to friends of such a patient, the impor-

tance of forcible feeding. "Oh!" they said, "it would be so cruel, they never could consent to have it done." Scores of such patients have been allowed to die of starvation, when forcible feeding would have saved life. A few years since a patient was brought to me who had taken no food for nearly a week; she was on the point of starvation, reduced almost to a skeleton. She declared that her stomach was full of solid food, and that there was no room for any more. A pint and a half of egg and milk, poured into her stomach through the œsophageal tube, convinced her that there was room for more. When she found that she would be fed *nolens volens*, she made no further objection to taking food. Every asylum superintendent is familiar with just such cases, and would regard it criminal not to resort to forcible feeding. The unwillingness of friends to admit there is anything the matter with the mind, is the great cause of delay in resorting to hospital treatment.

I once had under my care a patient, a married lady, of cultivated manners, good education, and refinement. Two years before coming to me, she had a poor recovery from a confinement. Soon after that she took to her bed, and was confined to it until brought to me. She had been very tenderly nursed, her every wish being gratified, and had become exceedingly exacting, taxing her ingenuity to make trouble for her attendants, and excuses to have her physician called to relieve some fancied suffering. She would have cataleptic fits, and no one but her physician could bring her out of them. She was suicidal, having made several attempts at strangulation, and, while professing the most ardent affection for her children, had planned their destruction. After being brought to me, she continued for a day or two to have fits, but not

liking my method of relief, she said she would not have any more, and kept her word. While she appeared to be very pleasant, and professed to be perfectly satisfied with what was done for her, she wrote to her friends the most scandalous and untruthful letters, claiming that she was abused and cruelly treated. Her whole purpose seemed to be to excite the sympathy of her friends, and make them unhappy. After several months' treatment, she made a good recovery. Had this lady been early sent to an insane asylum, a few weeks would have restored her to health.

Take another case. A wealthy merchant, fifty-two years old, from overwork and ill health became depressed, and soon melancholic, with delusions of persecution. He had suspicions that somebody intended to do him harm. A devoted wife spent her whole time with him; traveled with him, and did her utmost to convince him that his delusion was without foundation. She was constantly crying, and caressing him, and doing her utmost to convince him that she had not lost her affection for him. For five months he grew worse and worse. At last, when the wife was completely worn out, she, with the greatest reluctance, consented to have him placed under proper treatment. The result was, that when he found there was no one trying to argue and reason him out of his delusions, he very soon began to improve.

There is no doubt that many curable cases have been left to drift on until they became incurable. There is a necessity for a society for the protection of the insane and the prevention of insanity, and the field for the operation of such a society is not altogether in the insane asylum, but among those who deprive the insane of proper treatment.

I have seen cages in poor houses, and in private families even, that would not be tolerated for a moment in an insane asylum. The fact is, the abuses of the insane are vastly greater outside than inside asylums. Instances like the following, which I clip from the New York *Tribune*, are by no means uncommon :

"TROY, N. Y., January 13.

"Mrs. Abigail Jones, a wealthy widow, aged eighty, the victim of insane delusions, was found frozen to death on the floor of her room to-day. She was scantily clothed, and there had been no fire in the stove for several days. Death is believed to have resulted from exposure."

Or the following, from a letter of Dr. J. B. Chapin in the New York *Medical Record:* "On December 20th, a man was admitted into the Willard Asylum, who had been a patient n the Hudson River Hospital, and afterwards removed to a county poorhouse, perhaps for the reason that he could be maintained there cheaper than at the hospital. In the county house this man wore iron handcuffs, shackles of iron about his legs, and a chain connecting the shackles with the floor. All this, too, in the State of New York."

There are many reasons why the insane should be removed from home and friends. A wife becomes insane. The husband says he can never be separated from her. She is unable to manage her household affairs, and a housekeeper is engaged. The wife at once perceives that she is supplanted and her authority denied ; the natural result is, hatred toward the husband and housekeeper, and increased mental excitement.

A few who have the means can be best cared for in the family home, or private asylum, provided they are in charge

of competent physicians and well trained and intelligent nurses. Such a place should be as home-like as possible, with none of the paraphernalia of restraint or constraint usual in an insane asylum. The attendants should be the companions of the patients, their equal in manners, culture, and refinement. An insane patient from the cultivated, refined, and educated classes, has the feeling of disgrace and degradation when subjected to the care and control of uncultivated and ignorant attendants.

There is a large number of persons suffering from more or ess mental disturbance, who would willingly and gladly go to an institution for the treatment of mental diseases, were it not for the stigma of commitment and deprivation of personal liberty. Many such are unable to avail themselves of the advantages afforded by family homes and private asylums, on account of the great expense. For such there should be endowed institutions, where voluntary patients could go without any constraint, or the feeling of imprisonment inseparable from confinement in an insane asylum.

In such an institution cases could be treated in the earlier stages of the disease, before the curative period was passed. I know from personal experience and observation, that many patients have voluntarily gone to private establishments for treatment, who were as insane as many committed to insane asylums.

The feeling of non-restraint and personal freedom added greatly to the success of the medical treatment.

REPORT OF THE SELECT COMMITTEE

ON THE LUNACY LEGISLATION IN ILLINOIS.

MADE TO THE SOCIETY MARCH 18, 1885.

To the Medico-Legal Society.

Gentlemen: Your committee to whom was referred the draft of a proposed law for the care and treatment of the insane in the State of Illinois, submitted by Dr. F. H. Wines, respectfully,

REPORT.

Sections 3 to 14 inclusive, relating to commitments, involve the question of a jury trial under certain prescribed conditions. The Statutes of Illinois have provided for years for trials by jury in such cases the propriety of which has been debatable, and this committee are divided upon the subject; but if the trial by jury is retained as a settled principle in Illinois, we are of the opinion that the proposed law is good in form.

Section 16, as to restraints and seclusion, meets with approval; we should recommend restrictory clauses as to the two days, and not leave power to seclude or restrain except absolutely and indispensably necessary to prevent serious injury to the patient or others.

Section 36, providing for the appointment of a State Commissioner in Lunacy, should be changed to provide for the appointment of a State Board of Lunacy Commissioners of at least seven members, who should be selected for their fitness for the duty, and without reference to political or partizan considerations, all of whom should serve without salary except two, one physician of at least ten years' standing, and one lawyer of at least ten years' practice, selected for their peculiar qualification and fitness for the place, who should devote their whole time to the work and receive a salary equal to that of the judge of the highest court in the State, and be prohibited by law from engaging in any other business, calling or profession.

Section 37. This board should have full power and control over all asylums, private mad-houses, superintendents, and officials, with power to discharge inmates improperly detained, and for cause to suspend a superintendent, and to make all regulations named in Sections 36 and 37, with provisions for visitation at least four times a year of each insane person in the State privately, and not in the presence of superintendents or attendants.

The State Board of Charities should only act as an advisory and Visitorial Board, and be entirely independent of the Board of Lunacy Commissioners with the usual advisory powers of such boards.

Sections 39 and 40 should be modified to correspond with these suggestions, and the Board of Lunacy Commissioners should make an annual report to the Legislature.

The remaining sections of the bill meet with our approval. We submit a copy of the proposed bill and a com-

munication from Dr. Fred. H. Wines to Mr. Clark Bell, as a part of our report.

Dated New York, March 16, 1885.

Clark Bell,
E. C. Mann, M.D.,
R. L. Parsons, M.D.,
W. R. Birdsall, M.D.

Proposed Bill Before the Legislature of the State of Illinois.

Section 1. The word insane, in this act, shall be construed to mean any person who, by reason of unsoundness of mind resulting from disease of the brain, is incapable of managing and caring for his own estate, or is dangerous to himself or others if permitted to go at large, or is in such a condition of mind or body as to be a fit subject for care and treatment in a hospital or asylum for the insane : *Provided*, that no person idiotic from birth, or whose mental development was arrested by disease or physical injury occurring prior to the age of puberty, and no person who is afflicted with simple epilepsy, shall be regarded as insane, unless the manifestations of abnormal excitability, violence, or homicidal or suicidal impulses are such as to render his confinement in a hospital or asylum for the insane a proper precaution to prevent him from injuring himself or others.

§ 2. Except as hereinafter provided, from and after the passage of this act, no insane person, or person supposed to be insane, shall, by reason of his insanity, be restrained of his liberty or deprived of the control of his person and estate : *Provided*, that this section shall not be construed to forbid the temporary detention of an alleged lunatic for a reasonable time, not exceeding ten days, pending a judicial investigation of his mental condition.

§ 3. When any person shall be, or be supposed to be, insane, any reputable citizen of the county in which such person resides or is found, may file with the clerk of the county court of the said county a statement in writing, under oath, setting forth that the person named is insane, and unsafe to be at large, or suffering under mental derangement, and that the welfare of himself or others requires his restraint or commitment to some hospital or asylum for the insane ; the said statement must be accompanied by the names of the witnesses (one of whom at least be a physican having personal knowledge of the case), by whom the truth of the allegations therein contained may be substantiated and proved.

§ 4. Immediately upon the filing of the said statement, or as soon

thereafter as may be practicable, the judge of the county court shall appoint a time and place for the hearing and determining of the matter, and shall notify the person alleged to be insane of the time and place and nature of the proceeding.

§ 5. Inquests in lunacy shall be by jury or by commission, at the discretion of the court : *Provided*, that such inquest shall always be by jury, when a jury shall be demanded by the person alleged to be insane, or by any person acting in his interest.

§ 6. Where no jury is demanded, and the circumstances of the case are such that there appears to the judge to be no occasion for the impanneling of a jury, or that a trial by jury would for any reason be inexpedient or improper, the judge shall appoint a commission of two qualified physicians, to be chosen by himself, on account of their known competency and integrity, who shall make a personal examination of the patient and file with the clerk of the court a report, in writing, verified by affidavit, of the result of their inquiries, together with their conclusions and recommendations. The commissioners herein provided for shall have power to administer oaths and take sworn testimony.

§ 7. In all cases of inquest by jury, one of the jurors at least must be a qualified physician, and the proceedings shall conform, in all respects, as nearly as may be, to the ordinary practice of the county court ; the rights of the person whose mental condition is inquired into shall be the same as those of any defendant in a civil suit.

§ 8. Inquests in lunacy may be in open court, or at the home of the person alleged to be insane, at the discretion of the court ; the judge shall have the right to be present and perside at such inquest, and to have the patient brought before him, or to make a personal examination of the patient at his residence, as may be most convenient, humane and proper ; but in case of inquest by jury, the presence of the patient shall be indispensable, and no proceedings can be had in his absence. The judge may, at his discretion, require all persons other than the patient, his friends and counsel, to withdraw from the court-room during such inquest.

§ 9. The medical member or members of the jury or commission, as the case may be, shall furnish to the court, in writing, definite answers to as many of the following interrogatories as possible, and certify that the same are correct, to the best of their knowledge and belief :

(1) What is the patient's name? [The Christian name must be given in full, and pains taken to ascertain the correct spelling of the surname.]

(2) What is his legal place of residence, if known ?

(3) Where was he born ?

(4) What was the birthplace of the patient's father? and of his mother ?

(5) What is his age, sex and color? and is he single, married, widowed or divorced ?

(6) What has been his usual or latest occupation in life?

(7) Has the patient any children? and if so, how many? What is the age of the youngest child?

(8) Is this his first attack? If not, when did former attacks occur? and what was their duration?

(9) What is supposed to have been the exciting cause or occasion of this attack?

(10) Is there reason to believe that insanity is hereditary in the patient's family? What near or distant relations are or have been insane?

(11) Is he known to have ever had any injury to the head: or to have sustained any severe mental shock? Has he been subjected to any unusual fatigue or strain?

(12) What have been his habits as regards temperance or morality? Has he been addicted to the intemperate use of stimulants or narcotics? or indulged in any venereal excess?

(13) What were the first symptoms of the present attack? and when were they noticed?

(14) What present evidence is there of mental derangement? Has the patient delusions or hallucinations? and if so, what are they? What pecularities of temper does he manifest? and wherein do they differ from his natural character when sane?

(15) Has the patient shown any disposition to injure himself or others? and if so, in what way? and under what circumstances?

(16) Has he manifested any disposition to destroy clothing, furniture, or property of any kind? [State facts.]

(17) Is there any observed tendency to obscenity or to filthy habits of any sort?

(18) Has it been necessary to resort to any form of restraint or confinement, in his case? and if so, of what character? and how often? and for how long a time?

(19) Is the disease of variable intensity? and are there rational intervals? If so, what is their usual duration? and how often do they occur?

(20) Does the disease appear to be increasing, abating or stationary?

(21) What is the patient's condition in respect of his general health? Is he suffering from any bodily disease.

(22) Has he epilepsy, convulsions or paralysis in any form?

(23) Give the name of his attending physician, and state what medical or other treatment has been pursued for his relief. [Mention particulars and the effect.]

(24) Is the patient, in your opinion, insane? is it dangerous for him to be at large? would he be likely to be benefited by treatment in a hospital for the insane? is it necessary that he should be removed from his home? [Give reasons for the opinions expressed.]

(25) Give the name and post-office address of the patient's next friend, with whom correspondence may be had, for his benefit.

§ 10. The court may, if not satisfied with the finding of the jury or commission, set the same aside and dismiss the proceedings or order another inquest, and may repeat the same as often as may be necessary.

§ 11. Upon the return of the finding of the jury or commission, the court shall cause the same to be recorded at large, and shall enter the proper order for the disposition of the person alleged to be insane ; such order may discharge the patient with or without conditions, or remand him to the custody of his friends, or commit him to some hospital or asylum for the insane, public or private, within the limits of this State. But whatever order may be made in the case should stand and continue to be binding upon all persons whom it may concern, until rescinded, reversed or otherwise legally suspended or set aside.

§ 12. Jurisdiction over the persons of insane persons not charged with crime is vested exclusively in the county courts ; but any person aggrieved by any decision or order of a county judge shall have the right to appeal to a higher court, as in other causes.

§ 13. Each county judge shall keep a separate docket of proceedings in inquisitions of lunacy, upon which shall be made such entries as will, together with the papers filed, preserve a perfect record of each case. The original statements and applications for inquest, writs and returns made thereto, and reports of commissions or verdicts of juries, shall be filed with the clerk ; and a transcript of the record in each case furnished to the State Commissioner in lunacy hereinafter provided for, also a copy of the finding and of the medical certificate, whether the person alleged to be insane be found to be insane or sane.

§ 14. Every person not an officer of the court or of a hospital or asylum for the insane, into whose custody any person adjudged to be insane shall be committed, by order of any court, shall be required to give a bond, to be executed to the people of the State of Illinois, in such sum and with such sureties as the judge may deem sufficient, conditioned for the safe and proper keeping of such patient, until otherwise ordered.

§ 15. It shall not be lawful for any private person or any keeper of any jail or almshouse to seclude or confine for a longer period than two days or mechanically restrain any insane person, unless such seclusion or restraint is authorized by the order of the county judge, entered of record, and a certified copy of the same, authenticated by the seal of the court, delivered to the person having such insane person in charge.

§ 16. All insane persons admitted to any State hospital for the insane shall be maintained and treated, while in the institution, at the expense of the State ; but the cost of clothing, transportation and other incidental expenses not constituting any part of maintenance or treatment, shall be defrayed at their own expense or that of their friends, or of the counties from which they were admitted.

§ 17. It shall be the duty of the county judge, at the time of each inquest in lunacy held in his court, to inquire into the pecuniary condition of the

person alleged to be insane, and that of the relatives who are bound by law to maintain him. Patients committed to any State hospital for the insane shall be designated as private or county patients. Private patients are such as are of sufficient pecuniary ability to pay for their own clothing and incidental expenses while in the hospital, and all others shall be entered upon the docket as county patients.

§ 18. Upon the entry of an order of commitment of any insane person to a hospital for the insane, the clerk of the county court shall make application to the superintendent of some hospital authorized to receive patients from the said county, for the admission of such insane patient, and shall send with the said application a copy of the finding of the jury or commission, and of the medical certificate provided for in section nine of this act. Upon receiving any such application, the superintendent shall immediately inform the clerk whether the patient can be received, and if so, at what time; and if not, he shall state the reason why, whereupon the judge may enter any new order in the case which may be requisite and proper.

§ 19. For the conveyance of any patient to a hospital or asylum for the insane, the clerk shall issue a warrant, directed to the sheriff or any suitable person, preferring some relative of the insane person when desired, commanding him to apprehend such insane person and deliver him to the superintendent; when nenessary, the clerk may authorize the employment of one or more assistants; but no female patient shall thus be taken to the hospital by any person not her husband, father, brother, or son, without the attendance of some other female of reputable character and mature age. Upon receiving the patient, the superintendent shall indorse upon the warrant his receipt, naming the person or persons from whom the patient was received, and the warrant, so endorsed, shall be returned to the clerk, to be filed with the other papers relating to the case.

§ 20. No private patient shall be received into any State hospital for the insane, unless at or before the time of his admission there shall have been filed with the superintendent a bond, with two good and sufficient sureties, approved by the county judge executed to the trustees of the hospital, and conditioned that the obligors shall find the patient in suitable and sufficient clothing while he may remain in the institution, and promptly pay for any articles of clothing furnished or other necessary incidental expenses incurred by the institution on account of said patient, and remove him when required by the trustees; and in case of failure upon the part of the trustees to recover upon any bond so approved by the county judge, the county shall become liable to the institution for the amount due from the said obligors.

§ 21. Every patient admitted into any public or private hospital or asylum for the insane shall have all reasonable opportunity and facilities for communiation with his friends, and for this purpose shall be permitted to see, at his own pleasure, within the institution, under such restrictions as may be necessary for his own good, his family physician, solicitor or

any near relative, and to write and send letters, provided they are rational and contain nothing of an immoral or personally offensive character; and letters written by any patient to any member of the Board of Trustees, State Commissioners of Public Charities or State Commissioner in Lunacy, shall be forwarded unopened.

§ 22. No patient shall be placed in restraint or seclusion in any hospital or asylum for the insane in this State except by the order of the physician in charge: and a record shall be made daily of every instance of restraint or seclusion, with the reason therefor, which record shall be always open to the inspection of the State Commissioner in Lunacy and the State Commissioners of Public Charities; and an abstract showing the amount of restraint and seclusion in each year shall be included in the biennial report of each State Hospital for the insane.

§ 23. Authority to discharge patients from either of the State hospitals for the insane is vested in the trustees, but may be delegated, by a formal vote, to the superintendent, under such regulations as they may see fit to adopt. Discharges may be made for either of the following causes—namely, because the person adjudged to be insane is not insane, or because he has recovered from the attack of insanity, or because he is so far improved as to be capable of caring for himself, or because the friends of the patient request his discharge, and in the judgment of the superintendent no evil consequence is likely to follow such discharge, or because there is no prospect of further improvement under treatment, and the room occupied by an incurable and harmless patient is needed for the admission of others who are unsafe to be at large or probably curable. But no dangerous or violent patient, with homicidal or suicidal tendencies, or whose safety or that of others requires that he shall be secluded or mechanically restrained, shall be discharged; and no patient, under any circumstances, shall be discharged until after notice of the intention to discharge him shall have been given to the judge of the county court having jurisdiction in the case, and the judge shall have made some proper order for the disposition of the patient, a certified copy of which, authenticated by the seal of the court, shall have been received by the superintendent: *Provided* that in case of the failure of said judge to take action in the premises, the State commissioner in lunacy shall have power to make such order as shall seem to him proper, under the circumstances; and if, within thirty days from the date of the notice of discharge herein provided for, such patient be not removed, then the superintendent may return him to the place from whence he came, and the reasonable expenses incurred in his return shall be charged to the proper county.

§ 24. No person shall be discharged from a State hospital without suitable clothing and a sum of money, not exceeding twenty dollars, sufficient to defray his expenses home, which shall be charged to the patient, if a private patient, and if a county patient, to the county, and collected as other debts due the hospital are collected.

§ 25. All persons confined as insane shall be entitled to the benefit of the writ of *habeas corpus*, and the question of insanity shall be decided at the hearing; and if the judge shall decide that the person is insane, such decision shall be no bar to the issuing of the writ a second time, whenever it shall be alleged that such person has been restored to reason.

§ 26. If any patient shall escape from the hospital, it shall be the duty of any sheriff or officer of the peace in any county in which he may be found, to apprehend and detain him, and to report the same to the county judge of said county, who shall return him to the hospital at the expense of the county from whence he was committed.

§ 27. In the event of the sudden and mysterious death of any inmate of any public or private hospital or asylum for the insane, a coroner's inquest shall be held, as provided for by law in other cases. Notice of the death of a patient and of the cause thereof shall, in all cases, be given to the judge of the court having jurisdiction over the said patient.

§ 28. Any person who shall be guilty of any of the acts hereinafter named shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be fined, not exceeding one thousand dollars, or imprisoned, not exceeding one year, or both, at the discretion of the court in which such conviction is had, namely: any person who shall willfully conspire with any other person unlawfully or improperly to commit to any hospital or asylum for the insane any person who is not insane; any person who shall receive or detain any insane person contrary to the provisions of this act; any person who shall treat any insane person with cruelty or malice or undue severity; and any person who shall in any way violate any provision contained in this act, or neglect to perform any duty herein prescribed.

§ 29. The costs of proceedings in inquests of lunacy shall be assessed and collected as other costs, and the fees paid for jury service, attendance of witnesses and execution of legal process, shall be the same which are allowed by law for similar service in other cases. For services as commissioner to make inquest in lunacy, the sum of five dollars per day shall be allowed and paid to each person so employed.

§ 30. Nothing in this act shall be construed to apply to insane persons, or persons supposed to be insane, who are in custody on a criminal charge, but all such persons shall be and remain under the jurisdiction of the courts having criminal jurisdiction over them.

§ 31. Insane convicts in the State penitentiaries may be committed to a State hospital for the insane, without formal inquest, on the certificate of the penitentiary physician, but the cost of clothing and of incidental expenses while in the hospital shall be paid by the penitentiary from which any insane convict is received.

§ 32. No insane person not a resident of this State shall be admitted into any State hospital for the insane.

§ 33. Insane persons not residents of this State shall not be received or

detained in any private institution for the insane in this State, unless committed thereto in accordance with the laws of the State or territory of which they are residents, and of the laws of this State.

§ 34. Persons not insane, but suffering from nervous disorders, who may desire to submit themselves to treatment in any private institution for the insane, may be detained therein for such time as they shall specify by an agreement signed by them at the time of their admission, not exceeding thirty days: and they may, from time to time, renew the authority to detain them for a time, not exceeding thirty days from such renewal; but no agreement shall be deemed to authorize a detention unless acknowledged before the clerk of the county court in and for the county in which such private institution is situated, which agreement, with the certificate of the clerk and seal of the court thereto attached, shall be filed with the State commissioner of lunacy.

§ 35. For the purpose of determining what counties shall be entitled to send patients to each of the State hospitals for the insane, the State commissioners of public charities are authorized and required to fix the boundaries of districts, and assign to each county its equitable quota in each hospital, on the basis of the insane population of each county, as returned in the tenth census of the United States, reserving a sufficient number of beds for the reception and care of recent cases: *Provided*, that they may assign beds in the Eastern Hospital at Kankakee to counties not included in the district of said hospital.

§ 36. Upon the taking effect of this act, the governor shall nominate, and, by and with the advice and consent of the senate, appoint an experienced and competent physician, who shall be designated as the State Commissioner in lunacy, who shall hold his office for five years, and receive an annual salary of four thousand dollars, and other incidental expenses not to exceed one thousand dollars, and who shall, *ex officio*, be a member of the State board of public charities, to whom shall be entrusted, under the general direction of the said board, the administration and enforcement of the laws relating to the insane of this State and their treatment, in or out of hospitals or asylums for the insane.

§ 37. The State commissioners of public charities shall have power, from time to time, with the consent of the chief justice and of the attorney-general, to ordain rules and regulations on the following matters, so far as the same are not inconsistent with any laws of this State:

(1) The licensing of all houses or places in which any person can be lawfully detained as insane or of unsound mind.

(2) Regulations to insure the proper treatment of persons so detained, and to guard against improper or unnecessary detention of such persons.

(3) Regulation of the forms to be observed, relating to the commitment, transfer of custody, and discharge of all lunatics, not in conflict with the provisions of this act.

(4) The visitation of all houses or places in which any persons are detained as insane, and of all persons detained therein.

(5) The withdrawal of licenses for the private care of the insane and the imposition of conditions under which they shall continue.

(6) Reports and information to be furnished by the manager or managers of all houses or places subject to the provisions of this act, and the boards of visitors.

(7) Regulations as to the number of persons that may be detained, and the accommodations to be provided, and food, clothing and fuel to be furnished in any house or building subject to the provisions of this act, the manner of such detention and the restrictions imposed, and the means of communication, by those detained, with relatives, friends and persons outside the houses and places of detention.

§ 38. There shall be appointed boards of visitors of all houses or places licensed under this act, and also of all county almshouses, jails, and other houses or places in which any person of unsound mind is detained; one such board shall be appointed in every county in the State, to be composed of not less than three persons, one or more of whom may be women. The number constituting the board of visitors may be increased at the discretion of the State commissioners of public charities: the members of the boards of visitors shall be appointed by them at the January meeting of each year, and shall continue to act until their successors are appointed, and the board may remove the visitors and fill vacancies; at least once a year, members who have failed to act for a year past shall be removed; no compensation whatever shall be allowed or paid to such visitors. It shall be the duty of any and all persons in charge of each and every almshouse or jail, or of any house or place, within the county in which any person of unsound mind is detained, to admit any or all of the visitors appointed for said county into every part of such institution, and to render them every facility within their power to enable them to make, in a thorough manner, their visit, inspection and examination, which are hereby declared to be for a public purpose, and to be made with a view to the public welfare. The boards herein authorized shall make such inspection and report as the State commissioners of public charities may prescribe and require.

§ 39. The State commissioner in lunacy shall keep a record of the names of all persons adjudged to be insane, and of the orders respecting them by the judges of the county courts. He shall make a biennial report to the governor.

§ 40. In all cases where, from evidence laid before the said commissioner, he shall have reason to believe that any person adjudged to be insane is wrongfully deprived of his liberty, or is cruelly, negligently or improperly treated by any person having the custody and care of such person, or that the provision made for his care and keeping is inadequate, it shall be his duty to notify, in writing, the judge of the county court having jurisdiction in the case, who shall, thereupon, investigate the same and make such order as will remedy the evil or right the wrong which upon investigation he may find to have been done; and in case such order is disobeyed

or negligently executed, the judge shall have power to enforce the same by committing the person or persons refusing obedience thereto for contempt of court. For the purpose of carrying out the provisions of this section, the said commissioner shall have the right to enter any necessary and proper motion in any county court, and may make such motion in writing, without being personally present in court.

§ 41. An act entitled "An act to revise the law in relation to the commitment and detention of lunatics," approved March 21, 1874, and contained in Chapter 85 of the Revised Statutes, for which the present act is a substitute, and all other acts and parts of acts inconsistent with any of the provisions of this act, are hereby repealed.

LETTER FROM DR. FRED H. WINES TO MR. CLARK BELL.*

SPRINGFIELD, ILLINOIS, March 7, 1885.

Clark Bell, Esq., New York.

MY DEAR SIR:—I am gratified to know that the Association will examine and comment upon the bill introduced in the Illinois General Assembly this winter relating to lunatics. The following points, I think, should be kept in mind, when it is discussed.

I.

In every State, and in all legislation upon every question, the distinction between the ideal and the practicable must be noted. Uniformity is impossible, and probably undesirable, since laws must be fitted to the existing statutes, decisions, modes of thought and temper of the people of each State. Your Association represents principles, and we should be glad to know how far and in what particulars this bill contravenes the principles which, in your judgment, should

* Read before the Medico-Legal Society April 15, 1885.

govern legislation for the government of the insane population.

II.

The problem which everywhere presents itself for solution is to preserve the proper balance between medical and legal considerations in the matter of the commitment of the insane; how to secure the most prompt and early removal of the patient from an environment unfavorable to his recovery, without removing the barriers which the Constitution places in the way of improper interference with personal liberty; and how to prevent the unjust incarceration of any man, sane or insane, in a hospital for the insane, by insisting upon constitutional and legal forms of procedure, without interposing unnecessary obstacles to early treatment, and so adding to the mass of suffering represented by the incurable insane. The difficulty of finding the correct mean between these two extremes is immense.

III.

You ask what has been the practical operation of the Illinois law, which makes a trial (or more properly speaking, an inquest, for there can be no trial where there is no issue) by jury indispensable, in order to the commitment of any insane person to a hospital for the insane. Testimony could be obtained from the judges by whom the law is administered, both in opposition to it and in its favor; but the State Commissioners of Public Charities, from their observations of its practical working, are constrained to believe that it has an injurious tendency to prevent the insane from receiving early and suitable treatment, and in some cases from receiving any treatment, other than such as may be given by an ordinary physician without special knowledge or experience

in dealing with insanity. For this reason they advocate its repeal. It was, in its origin, a violent reaction against a former statute, which was clearly an error in the opposite direction.

IV.

The bill now introduced and put upon its passage is founded upon those provisions of the Constitution of this State which declare that "no person shall be deprived of life, liberty or property, without due process of law," and that "the right of trial by jury, as heretofore enjoyed, shall remain inviolate." The language of the Constitution of the United States is similar, except that it ordains that no freeman shall be "in any manner deprived of his life, liberty or property, but by the judgment of his peers, or the law of the land."

Whatever may be said in favor of commitment by simple medical certificate, we cannot regard anything less than the order of a court, duly entered of record, as "due process of law." Confinement in a hospital for the insane, under lock and key, we believe to be deprivation of liberty. Any law, therefore, which permits commitment otherwise than by the order of a court, appears to us to be contrary to the bill of rights.

With reference to the submission of the question to the jury for determination, the waiving of this right is not a violation of the right. But every person alleged to be insane has, we think, a right to determine for himself whether he will or will not waive his right to demand a jury or insist upon it. If not insisted upon, it is waived; and when waived, trial by jury is no longer obligatory. But the judge still has himself the right to impanel a jury, if he thinks a verdict necessary or important, in any given case.

Upon this point it is said that an insane man, not being in a condition to act for himself, cannot waive his right to a jury trial. On the other hand, it is said that he cannot, for the same reason, insist upon it. These two contrary positions, deduced from the same premises, are mutually destructive of each other, and the answer to both is that no man is regarded as insane in law until he has been adjudged to be insane. The law must assume his competency to act for himself, until it is disproved.

Before leaving this point, it must further be said that under the Illinois statute, the jury which passes upon the sanity of the person alleged to be insane is a jury of six, which is in fact not a jury, within the meaning of the Constitution; and that every person who makes the issue that he is not insane has the right to demand a jury of twelve, which is not guaranteed to him by this statute. You will observe that in the bill proposed the limitation as to the number of the jury is accordingly stricken out.

V.

Whatever may be the form of inquest prescribed by law, it is of the first importance that it should not suggest the existence of any such analogy between insanity and crime as will lead to any confounding of the two in the mind of the patient himself or of the public at large. All expressions and usages borrowed from criminal procedure should therefore be eliminated, as far as possible, from legislation having exclusive application to lunatics.

VI.

I have been called an "incarcerophobist," because I stand upon the principles of law above stated, as they lie in my own

mind. But I do not forget or overlook the fact that commitment to a hospital for the insane is not in its essential nature an act of imprisonment, but a remedial measure, requisite and proper for the protection and the recovery of the patient; so far from being designed to be a hardship or unfriendly, it is kindly meant. The number of cases in which persons are unjustly committed to hospitals for the insane is probably very small, and the number in which they are unjustly held, subsequent to commitment, still less. In nearly all of the instances where injustice is alleged, the patient, on investigation, proves to be one of those peculiar persons who occupy the shadowy border-line of demarcation between sanity and insanity. The doubtful cases, in which eccentricity is mistaken for insanity, are but a small percentage of the body of patients. It is clearly not right that the law should be framed in the sole or chief interest of the minority of those likely to be affected by it.

Neither is there anything in the bill to warrant the inference that it conveys an intimation of distrust of the integrity of the officers of institutions for the insane, or of that of the medical profession as a class.

VII.

One object of the bill is to secure equal standing before the law for all patients, rich or poor, public or private, by providing but one mode of commitment, and throwing around all alike, whatever may be the place of their confinement, the same safeguards against wrong or oppression.

VIII.

A special purpose in view, also, has been to impress upon all persons, called to minister to the insane in any way, the

thought of their essential manhood, despite their infirmity; and that obscuration of intellect is no ground for deprivation of any of the rights which appertain to them as human beings. The plea that an insane man does not know how to treat himself may be made a cover for unnecessary interference with his freedom on the part of his medical attendant. The law is made for the lawless; it bears with no weight upon the law-abiding; and it must be remembered that it has, even where it is inoperative, a positive educational value and effect.

IX.

The theory of the law is that society has a double interest in the insane. It is bound, on the one hand, to protect those who are not in a condition to protect themselves; and it has, on the other hand, a right to protect itself. Insanity is unlike other diseases, in that it threatens, where it exists, the peace and safety of the community. The State, therefore, has the right to ordain rules for the government of the insane as a special class, and these rules must be enforced by governmental authority, or, in other words, by officers of the law, and not left to the judgment or caprice of individuals, which may be affected by personal interest. Rules for the government of the insane do not apply to persons who are sane. The first duty of the State, therefore, to one supposed to be insane, is to ascertain his actual mental condition. The physician cannot do this, as a private person, unauthorized to act for the State. His opinion, however correct, is merely his personal judgment, and absolutely without legal effect. Too much is involved in the legal declaration that a person named is insane, to admit of such declaration being made without proper judicial investigation and formality.

But the fact of insanity having once been judicially determined, the person adjudged to be insane must be regarded in law as insane until the judgment of the court is reversed. Whatever steps may be taken for his protection, or for the protection of the community against him, are taken by authority of the court which adjudged him to be of unsound mind, and he is and should be regarded as constructively in the custody of the said court, wherever he may be, whether at large, or at his home, or in a jail or an almshouse, or in an institution for the insane, either public or private. Being in the custody of the court, he is subject to the order of the court, and must continue subject to its order, until the court itself discharges him, or he is discharged by the order of a higher court. If the practice of courts and the theory of legislation have been contrary to this fundamental principle, it may be questioned whether the said theory and practice have not been based upon an imperfect conception of the actual legal relations of the insane.

X.

From the principle just laid down, certain consequences necessarily proceed, and it is a confirmation of the correctness of the principle, that these consequences are harmonious and consistent with each other.

(1.) The power of the superintendent of any institution for the insane is not original, but derivative in its nature; and it is derived, not from the patient nor from his attending physician, but from the community, which must confer upon him general authority by express legislative enactments and by the action of the executive department of the government; his authority, so far as it relates to the application of the law

to individuals, is specific, and must be derived from the courts.

(2.) The acts of every superintendent of any institution for the insane must be in accordance with law. These acts are embraced under three general heads, namely: the admission of patients, the treatment of patients while in the institution, and the discharge of patients. In the exercise of each of these functions he is limited in the scope of his discretionary power, first, by the statutes, and second, by the orders of the court having original and inalienable jurisdiction and control of the body of the patient.

(3.) The patient, when discharged from the institution, for whatever reason, should, if not recovered, be remanded not to freedom, but to the custody of the court having rightful custody of his person. If recovered, the fact of his restoration should be legally ascertained and entered of record, and thereafter he should in every respect be regarded and treated in law as sane.

(4.) The confinement of any person, sane or insane, in any private institution for the insane, not expressly licensed to receive and treat insane persons, should be regarded as an illegal act.

(5.) No private person, not authorized by law to detain an insane person contrary to his will, should have the right or power so to detain any such person. But such right may, under the statute, be given to any private person, whether a relative or not, by order of the court having custody of any person adjudged to be insane, and may, by the court, be restricted to such form of detention and restraint as the court may determine. This provision should apply equally to persons in charge of institutions created by law not for the care of the insane, but of paupers.

(6.) The propriety of entrusting the general superintendence of the execution of the law to a Commissioner in Lunacy, with power to make and enforce proper orders in special cases, subject only to the statutes and the courts, is obvious, without argument or illustration.

XI.

The bill introduced into the Illinois General Assembly, for adoption, is consistent with itself and with the principles just enunciated.

The legislation of most States on the subject of lunacy is fragmentary, incomplete and contradictory. It is in effect patch-work. Part of it is superintendents' law, part is the suggestion of cranks, and part borrowed from the criminal law. It has been made at different times, to meet emergencies or altered conditions or the whims of reformers; it has been copied from laws already in force in various States—part from one statute-book and part from another; and it is full of redundancies and needless repetition. There is not a State in the Union in which the lunacy laws do not require thorough and intelligent revision Their most salient characteristic is their failure to find and express in words any single principle as a basis of legislation, and to apply this principle to all the varied relations of the insane, in and out of institutions.

XII.

The Illinois bill is designed to be sufficiently precise, without being inflexible; to indicate, in outline, the principles and spirit which should govern us in our treatment of the insane, without going too much into detail; to leave what may be safely left to the discretion of courts and of officers

of the law. It is not perfect, but we shall welcome the efforts of your Association to perfect it or to show wherein it is wrong in principle. Details of administration are less important than a correct basis and internal consistency. They can, if unwise, be corrected, but a wrong principle can lead only to an unjust result. It is my judgment that there will be no more difficulty in the practical working and enforcement of this bill, should it become a law, than in the administration of our present statute; and that what difficulties may present themselves can be successfully met and overcome.

I am, with great respect, your obedient servant,

FRED. H. WINES.

NOTE.—The report was received by the Society at the March meeting of 1885, and the Committee directed to send a copy to Dr. Wines and to the Legislature of Illinois, which was done. At the April, 1885, meeting, the report was formally approved by the Society by unanimous vote.

REPORT OF THE SELECT COMMITTEE

ON THE PROPOSED LUNACY LEGISLATION IN THE STATE OF MICHIGAN.*

To the Medico-Legal Society.

Gentlemen:—The select committee to whom was referred the draft of a bill now pending before the Michigan Legislature, submitted by the State Board of Charities and Corrections of Michigan to Mr. Clark Bell, and by him laid before the Society at its March meeting of 1885, respectfully

REPORT.

That we have carefully examined the bill No. 447, House Bill, File No. 156, and we attach the same to this report.

A BILL

To amend, revise and consolidate the laws organizing asylums for the insane and regulating the care and management thereof, and of the inmates therein, and to repeal act 164, laws of 1859; also act 194 laws of 1877; also act 91, laws of 1873, and the acts amendatory thereto; also act 172, laws of 1873.

We respectfully make the following recommendations:—

1. As to section 5, we recommend that assistant medical superintendents and assistant physicians be selected and appointed, upon competitive examination of a competent medical commission for their skill, learning and qualifications as physicians, and their practical knowledge, attainments and experience in the care and treatment of the insane.

2. We recommend that medical superintendents of insane asylums should, aside from the qualifications named, have

* Submitted and adopted April 15, 1885.

had at least three years experience in the care and treatment of the insane in some asylum or hospital, and should have practised as a physician at least five years.

[Sec. 5. The boards of trustees shall severally appoint a medical superintendent, who shall be a well educated physician, experienced in the treatment of the insane: and a treasurer, not one of their number, who shall give bonds for the faithful performance of his trust, in such sum and with such sureties as the Auditor-General of the State shall approve. They shall also appoint, upon the nomination of the medical superintendent, a steward and a chaplain,.....and also in like manner an assistant medical superintendent.....and (necessary) assistant physicians. All medical officers shall constantly reside at the asylums.]

3. In section 12 the superintendent's duty is stated; among other things, "He shall daily ascertain the condition of all the patients and prescribe their treatment *in the manner directed in the By-Laws.*" We recommend that these last words (in Italics) be stricken out. The superintendent should not be required by law to prescribe treatment in the manner directed in the By-Laws.

4. As to section 21. We think that the commitment order should not be limited to the probate judge of the county, but should include any judge of a court of record within the State; also,

That no person should be detained in any asylum more than five days, except upon the order of the court, or judge of a court of record.

[Sec. 21. No person shall be admitted or held as a private patient in any asylum, public or private, or in any institution, home, or retreat for the care or treatment of the insane, except upon the certificate of two reputable physicians under oath, setting forth the insanity of such person, and approved by the judge of probate of the county where such person resides. And no person shall be held in confinement in any such asylum for more than fourteen days, unless within that time such certificate be approved by the judge of probate of the county in which the alleged insane person resides, and said judge shall, upon the request of any person interested, and the giving a sufficient bond for the payment of all costs that may be incurred, institute an inquest and take proofs as to the alleged insanity, before approving or disapproving of such certificate, and said judge may, in his discretion, call a jury of six persons in each case to determine the question of insanity. Said jury shall be summoned and empaneled in accord-

ance with the law governing justices' courts. If from any cause the approval of the judge of probate shall not have been obtained previous to the admission of such alleged insane person, within forty-eight hours after his admission it shall be the duty of the medical superintendent to forward a certified copy of said certificate, by registered letter, to the judge of probate of the county in which the alleged insane person resides, for his approval. Forthwith upon the reception thereof, the judge of probate shall return to the medical superintendent of the asylum the said copy with his approval, or shall notify said superintendent that other legal proceedings have been, or will be instituted, to determine the question of the insanity of such person. Thereupon it shall be the duty of the medical superintendent to retain such alleged insane person under his care until such matter is determined by the judge of probate, unless the said medical superintendent shall determine that he is not a proper person to be so held. And in case the judge of probate shall deem it advisable to have the alleged insane person present at the inquest, and his condition shall be such as to render his removal from the asylum for that purpose proper and safe, it shall be the duty of the medical superintendent to produce such person under his own charge or that of a competent attendant.]

5. We recommend that the form of the physician's certificate should contain, in addition to the proposed clause, the following:

1. The symptoms, and manifestations, and date of the insane attack. Delusions or hallucinations, if any, whether dangerous to himself or others, suicidal or homicidal, and the name and address of his family physician.

2. The facts observed by each physician should be discriminated and separately stated, from the information derived from others, and the particulars, names and addresses of those from whom such information was obtained, should be stated.

[SEC. 22. It shall not be lawful for any physician to certify to the insanity of any person for the purpose of securing his admission to an asylum, unless said physician be a reputable character, a graduate of some incorporated medical college, a permanent resident of the State, registered according to law, not related by blood or marriage to the alleged insane person or to the person applying for such certificate, and in the actual practice of his profession for at least three years; and such qualifications shall be certified to by the clerk of the county in which such physician resides. No certificate of insanity shall be made except after a personal examination of the party alleged to be insane, and a certificate shall be given according to the following form: It shall not be lawful for any physician to certify

to the insanity of any person for the purpose of committing him to any asylum of which the said physician is either a trustee, the superintendent, proprietor and officer, or a regular professional attendant.

STATE OF MICHIGAN, } ss.
COUNTY OF ..... , }

I, ..., a resident of ...., in the county aforesaid, being a graduate of ....., and having practised as a physician ..... years, hereby certify, under oath that on the .. day of ....., I personally examined ...., of ....., (here insert sex, age, married or single, and occupation,) and that the said .... is insane, and a proper person for care and treatment, under the provisions of section .... of the laws of .....

I further certify that I have formed this opinion upon the following ground, viz.: (here insert facts upon which such an opinion rests).

And I further declare that my qualifications as a medical examiner in insanity have been duly attested and certified by (here insert the name of the county clerk granting such certificate).

Sworn to and subscribed before me this ... day of ... , 18..,

The judge of probate's certificate shall be in the following form :

STATE OF MICHIGAN, } ss.
COUNTY OF ....., }

I hereby certify that ...., of ...., and .... , of ...., are personally known to me as reputable physicians, and their certificates are hereby approved.

[SEAL.] ....,
Judge of Probate.

The county clerk's certificate of qualification, of which there shall be one for each certifying physician, shall be in the following form :

STATE OF MICHIGAN, } ss.
COUNTY OF ....., }

I hereby certify that ..... , of ....., is personally known to me as a reputable physician, and is possessed of the qualifications required by section ..... of laws of 1885, and that, as appears by his oath on file in my office, is a graduate of ..... medical college and that he has been in the practice of medicine for a period of ..... years, and is registered according to law.

[SEAL.] ...., *County Clerk.*]

6. We strongly recommend the insertion of a provision providing for the appointment by the governor, by and with the advice of the senate, of a State Board of Lunacy Commissioners of at least seven members, who should be selected for their attainments and fitness for the duty, without

reference to partisan political considerations, all of whom should serve without salaries, except two members, one a a physician of at least ten years standing, and one a lawyer of at least ten years practice, selected for their peculiar qualifications and fitness for the place, each of whom should devote their whole time to the work and receive a salary equal to that of the highest judicial salary paid in the State, and be by law prohibited from practising any other business, calling or profession.

This State Lunacy Board should have full authority, power and control over all asylums, private or public, where insane persons were confined, and over all superintendents and officials, with power to discharge inmates improperly or illegally detained, and to suspend any superintendent, or other official, for cause, under proper restrictions. And it should be made obligatory upon the State Board or some one of its members, to personally visit, at least four times a year, every insane person confined within the State, privately, and not in the presence of superintendents or attendants of the institution or place where the same are confined.

7. The State Board of Corrections and Charities should be continued, to act as an advisory and visitation board of all institutions, charitable eleemosynary, as well as of almshouses, jails, and asylums for insane, public or private, entirely independent of the State Board of Lunacy Commissioners, with the usual advisory powers and powers of visitation of State Board of Charities.

8. Suitable provision should be made,

a, For the discharge of inmates in proper cases.

b, For the separation of the harmless insane from the criminal and dangerous lunatics.

c, For the regulation of correspondence of inmates.

d, For one asylum in the State for criminals who become insane and for lunatics who have committed crime while insane.

e, Proper legislation restricting the improper use of mechanical restraints, seclusion and chemical restraint, and the punishment of attendants or others who maltreat and abuse the insane.

f, Suitable provisions for the amusement, culture, employment and religious privileges of the insane inmates of all institutions.

Dated, New York, March 27, 1885.

CLARK BELL, *Chairman*,
EDWARD C. MANN, M.D.,
RALPH L. PARSONS, M.D.,
Except *e* and *f*, sec. 8, as unnecessary,
W. R. BIRDSALL, M.D.,
Except *e* and *f*, sec. 8, as unnecessary.
Committee.

NOTE.—This report was approved by the Society at the April meeting of 1885, and clauses *e* and *f*, of sec. 8, were, on separate motion, approved by the Society, and a copy of the report was directed to be sent to the Michigan State Board of Corrections and Charities, and to the Michigan Legislature, which were duly forwarded.

INSANITY AS A PLEA FOR DIVORCE OR NULLITY.*

By Geo. H. Savage, M.D., Medical Supt. of Bethlem Hospital, London.

Marriage is a contract, but being a contract in flesh and blood, it has to be considered somewhat differently from more ordinary contracts. Many suggestions have been made from time to time as to the propriety of divorce in cases in which one of the parties has become insane; but it seems to me that it will be very long before any civilized nation will accept insanity as a plea for divorce, when the insanity has developed after the marriage contract. One of the foundations of the marriage contract is that it is for "better or for worse;" the betterness or worseness being distinctly referred to not only as for "richer and poorer," but also as to health and sickness. And it would be as reasonable to expect a divorce from the heiress whose trustees have made away with her fortune, as to expect one from the woman who has become insane.

Doubtless there are often hardships resulting from the marriage contract; the beautiful girl may become the ugly matron; the sweet girl of seventeen may be a virago at forty, and both these changes may be more or less the result of physical disorder or disease.

In fact, these changes may be much more readily traceable to bodily disease than can many forms of insanity.

* Read before the Medico-Legal Society of New York, June 17th, 1885.

Other changes of a physical or intellectual nature may equally with insanity unfit the wife to be the helpmate to her husband, yet I never met any one who seriously suggested that divorce should be allowed in cases of cancer or of paralysis, of plethora or bad temper.

I pity the unfortunate man or woman who is tied for life to an insane partner, yet the good of the whole body politic has to be weighed against individual suffering. As to this point, I must say that I see no chance of freeing, with safety to society, the partner with an insane companion from his contract. For, in the first place, this could not be done, unless the patient were adjudged incurable. And few men of experience would dare to give an opinion of absolute incurability, except in cases in which death would soon give the divorce. The older I grow and the more cases I see, the less dogmatic do I become, in giving absolute opinions of incurability of insanity, as seen coming on in young middle life.

I have seen cases discharged recovered and remain well, after being insane and in asylums for over twenty years. I have seen an intellectual second summer arise when perpetual winter was certainly to have been expected.

With such experience, I should myself—if called to give an opinion as to the absolute incurability of a case—only feel justified in giving it, when general paralysis, senile dementia, and idiocy, were present, for even epilepsy may pass off, in time. But, by enlarging on this part of my subject, I feel I am dealing with a shadow rather than a substance, so I leave it for more practical considerations.

The next is a very different question; it is as to the divorce from a partner who was insane at the time of mar-

riage; in this question there are many very real points, of not only legal, but practical, importance I have said divorce; but, truly, such marriage should be considered null and void. In these cases, the marriage may have been a fraudulent one; one or other of the contracting parties may not have been in a position to judge of the contract, or one may have had important facts concealed, facts which would have prevented the completion of the contract.

That a person may have made a foolish bargain is not in itself a sufficient reason for setting aside the bargain; but if one of the parties is misled by misrepresentations, then it seems to me there ought to be some way of voiding the contract.

I believe that, with the restrictions of modern society, it is quite possible for a man and woman to have passed through a period of acquaintance, and later, of engagement, and to be married without some forms of mental disorder having been detected, though existing in one of them. After marriage the insanity may become more marked, though present before. I can understand a person having chronic insanity, with some fixed delusions, which was never noticed before marriage by the partner.

It is not too much to suppose that a man may be fascinated by the physical beauty and placid calm of a girl, whose whole demeanor struck him as a pleasing contrast to the giddy, chaffy, slangy young lady of the period. Having fixed his affections on this being, so splendidly beautiful, though icily nil, he adores the very shyness and coyness of his bride; ignorant that she is going through the whole courtship as a kind of penance and with the indifference of early melancholia.

In such a case, the ceremony of marriage will usher in a life of misery, for almost certainly the bride will decline to fulfil one of her earliest functions, and the marriage will be (for a time, at least) not consummated.

This, I have said, is conceivable; and I may add that I have met with several cases very like this.

There is a special type of feminine beauty which, in my experience, is associated with little or no sexual desire, and such cases easily pass the border land into insanity. In some other cases a simple delusion may remain after severe or acute mental disorder, and may not be detected till after marriage. Or, again, a woman subject to recurring attacks of insanity may marry during one of the periods of health.

This last supposition is not fanciful, for I know several girls, now chronic lunatics, who between attacks of insanity married.

Moreover, many of the more unstable, neurotic girls, belonging to this class, are brilliant and attractive.

Surely, in such cases as those just referred to, it would be very unjust to compel a man to keep to his bargain, if he married ignorant of the fact that his wife was subject to hidden delusions, or to recurring attacks of acute insanity. If the above is admitted, another question arises, which, though nearly allied, is very different in its bearing. If divorce should be obtained from a woman who was married in one of the periods of rest or health, between periods of mental disorder, these alternating periods being shown to be part and parcel of the same diseased process, then why should divorce not be allowed (and such cases are by no means rare) where persons have had several attacks of insanity, from which they have recovered, but which have left

them more liable to recurrences? Why should not divorce be permitted when one of the contracting parties has concealed the fact that there have been previous attacks of insanity of a kind likely to recur? I know it will be maintained by many, that the law does not and does not wish to consider any theoretical question as to the relationship of contract to disease in general, but that all it has to concern itself about is, whether the parties are both able to understand, at the time of contracting, the nature of the act. This may serve the law; but in this JOURNAL we desire to look from the vantage ground of medical knowledge combined with legal experience, and I think a time will come when divorce will be permissible when it can be shown that one of the parties has concealed the fact of previous attacks of insanity having occurred.

Marriage, in these cases, must be understood as adding to the chances of recurrence, and though a man is expected to take every reasonable care in making a life-long contract, yet if vital facts are concealed, there should be some means of relief from a contract, the fulfilment of the requirements of which increases the danger to the weaker partner. On the other hand, there must not be left out of view the practical dangers which might arise from a too stringent exaction of openness as to previous attacks of insanity. First, if it were generally known who had been placed outside of the social circle, if the mark of Cain were upon them, few would have suitors—among the women; and this fact would soon react to prevent many who should be placed under certificate from being so treated; and many also would lose their chance of recovery, from the fear of their future loss of a mate. I admit that this would not always act as a deter-

rent to marriage. I have known men wait for months till women were discharged from Bethlem, and marry them within a few weeks or months of their discharge. When love or lust rule, I fear reason and experience are little considered, and even the danger of imbecile offspring is not enough to deter the man determined to marry.

Thus far we have considered: First, that no right is likely to be established for divorce on the ground of incurable insanity coming on in either partner distinctly after the marriage; second, that it will be very hard to make any law which will make insanity antecedent to the marriage suffice to cause the marriage to be null and void.

The real question, which will have to be settled in each case, and it is the question involved in the three cases under our consideration in this paper, is: Whether either of the contracting parties, at the time of marriage, was incapable of understanding the nature of the contract. It will be seen that neither antecedent not succeeding insanity will be accepted, but only actual insanity at the time of marriage.

The greatest importance will attach to the nature of the earliest symptoms of the insanity, and the precise period at which they appeared, and when they so far affected the mind as to render the patient irresponsible.

There are cases on record in which divorce has been obtained where the applicant, generally a woman, has proved that she was insane at the time of the marriage; but it was not in England till the case of Hunter v. Hunter, otherwise Edney, that an application was successfully made by the same partner to the contract for nullity on the ground of the insanity of the other partner. This necessarily raises very different issues. And in this case the issues were

simple, as there was no idea of fraud or of conspiracy. The marriage was a very ordinary one, the contractors being of the lower middle class, of an age and circumstances suitable to one another. In the first set of cases referred to, in which the insane partner or some agent for the partner applies for redress, one can readily understand how a designing man might induce or force a woman of weak mind to marry him, and might thus get possession of property to which she was entitled, or for some more or less selfish end. There can be no doubt that if the insanity of the woman could be proved that nullity would be declared. The difficulty would be to prove the actual incapacity at the time of marriage, as in the other cases.

It seems, too, that there is a sub-division of these cases, in which the friends or guardians of a woman ought to be able to act even in opposition to the wishes of the woman herself; thus one is quite used to cases in which at or if in middle life a burst of erotic feeling is developed which may be followed by other symptoms of mental disorder; during this period of disturbance a woman may disregard all her social and other ties and enter into a foolish alliance, which she will repent as soon as her mental balance is re-adjusted. It seems that in some of these cases it would be just, and would not loosen the social fabric, to allow divorce or nullity to be decreed. Much stronger evidence will be required in such cases as the ones reported in this paper, in which the same partner applies for separation by nullity or divorce from the insane partner to the contract.

To begin with, the popular feeling most certainly is against voiding the bargain made by the same person, for it is considered he, being sane, should have well considered

his actions. I was amused once during the Dunham trial at a lawyer who said, "I dreamed the nullity was granted; but that it was granted in consequence of the folly of the applicant in marrying, and not on the ground of the folly of the bride." This certainly showed the inclination of public feeling. I have already said that I believe it possible in some cases for a man to marry an insane woman without having been able to judge of her insanity before marriage. Probably the most common case is that in which a woman appears rather odd during her engagement, and her friends consider her to be hysterical, and as such to be curable by marriage, and in all honesty they hand the emotional bride to her husband to cure.

In many cases marriage and domestic duties, with healthy physiological action, effect good, and the instability passes off; but in some less congenial surroundings moral or physical shock may render the stability less and the result may be acknowledged insanity. There is, however, a possibility of the mental symptoms being in themselves enough to prevent the marriage. I am constantly meeting cases in which highly intellectual women—often women, too, possessing remarkable physical beauty—suddenly break off their marriage engagements on some trifling plea. These women often give as reasons that they do not feel the love they consider necessary for their husband, or they feel that they have been deceitful, that they have concealed something, or that marriage is not for them at all; they are unfeminine or even inhuman. Such cases, as a rule, have some temporary mental or bodily disorder, which, on clearing up, leaves the woman disappointed with her past action. In such cases marriage might relieve or cure, or might aid in developing insanity of an acute kind.

It is from among such cases that pleas for declaration of nullity are most likely to arise, and such women are almost certain to refuse to allow the marriage to be consummated. Symptoms, such as I have just described, are common in the hypochondriacal disorder, which may precede mania or true melancholia, or this tendency to subjection, thought, and self-analysis may be the earlier phase of delusional insanity, with its accompaniments of "voices," conspiracies, accusations, and the like.

To make complete the study of the whole question, it was necessary to mention this border-land case, which may appear before a jury on the plea of breach of promise of marriage, and may, therefore, at some future time in some *cause celebre* to come from a new departure in law and medicine. In proceeding to study the other cases, I must carry on the consideration of the mental and moral perversion, seen in the above cases; changes of affection, and dread of losing the love or respect of the future partner, is a common symptom in all the three cases, and this was associated with a feeling of unworthiness. I shall have to point out the great importance of this change of feeling, for though as was pointed out by the judge, a person may fully understand that marriage is a contract, and that he or she is a party to the contract, the change in feeling towards the other contracting party being a mark of disease, must surely affect the contract materially. It may be said that most girls enter into the marriage contract with very slight and often false notions of the nature of the contract, and that a visible disturbance of feeling cannot be considered as seriously to affect the binding nature of this contract.

Unfortunately nearly always the earlier symptoms of

mental disturbance are not recognized to be marked till the marriage is completed, and this renders the possibility of nullity more to be desired, as the whole was completed in good faith on both sides.

In some cases epilepsy ought to be a ground for divorce. Epilepsy may be marked, or the fits and temporary mental perversion may occur only at night, and thus the contracting parties may be both ignorant of the real danger to themselves and to any possible offspring. A French lady consulted me about her second husband, who was suffering from general paralysis of the insane, and she told me that on the night of her first marriage her husband was seized with a severe epileptic fit, before the marriage was consummated, and on awaking from the fit became maniacal and attempted to strangle her. She separated from her husband, who died five years later in an asylum.

All the cases which have been tried in England as yet have been tried before a judge without a jury, the questions being considered rather in their relationship to law than to matters of fact.

One word is required as to the law regarding the contract. The law is prepared to allow a criminal to escape the consequences of his actions on the plea of insanity, when the probability of any form of insanity can be established, but in the case of testamentary acts the law requires it to be established that delusions exist, or at least that mental discord exists, such as would directly affect the mind of the testator in making his will, before a will is set aside; and in marriage it seems that insanity must be established, at the time of marriage, of such a nature as to affect the mind of the contractor in reference to the marriage.

The following, in the minds of the English judges, is very distinct, concerning the marriage contract, and is similar in the case of wills, with the single important exception that the foolishness or wickedness of a will might upset it, but the folly or wickedness of the marriage would in no way seem to affect it. Unless the party said to have been unable to enter into the contract was markedly insane at the very time the marriage was performed, the marriage will be upheld. No antecedent insanity will avail; no insanity coming on very soon after the marriage; not even the fact that nervous or even insane symptoms were present, both before and after the marriage, if at the time the person were to all appearances able to understand the nature of the contract.

Sir J. Hannen even went further, and said:

"That though the person was suffering from the earlier symptoms of a mental disease, which steadily progressed from the time of its onset, yet if she understood the nature of the contract sufficiently, the marriage must stand."

It is not for me to say that this is wrong, for I am forced to admit that the stages are frequently so slow in their march that it would be impossible to mark any definite boundary for the contracting capacity from a medical side, and so it must be left to the legal.

I now subjoin the cases and legal reports:

Case 1.—This was not sufficiently understood, and, when it took place, few were present at the trial, and no shorthand report was taken, and this has ever since been a source of regret to me, as I have to trust to a few notes, made without the knowledge that they would have to form the nucleus of facts involving very great social questions. Hunter *vs.* Hunter or Edney.

The husband petitioned for nullity, on the ground that his wife was insane at the time of marriage. Both were very

young; both were in every way suitable socially; the girl had been a quiet, industrious housewife, assisting her mother in a small country inn. Her father had been insane, in fact she was born nine months after his leave of absence from the asylum to which he had been sent. In early life there were no signs of nervous disorder. Menstruation was regular, and in every way the girl was healthy; she met the petitioner, and they became engaged, their courtship was not to last long. The petitioner was for a time at work in the neighborhood, and had another job to finish in a distant part of England. While he was away a change came over his betrothed; she wrote dull letters, and when he came to see her she said she felt she was not good enough for him, and said she did not feel she could love him as she ought; but soon this passed off when he was with her. Her mother said this was all due to her nervousness about the marriage, and her not liking to leave her mother alone, and would all pass off after marriage.

Shortly before the marriage, Hunter was summoned to see his bride, and she was still more dull, and said he had better not order the carriages, but after a little discussion she agreed to be married, but it was thought best for him not to see her again till the morning of the wedding. He did this, and found his bride more dull, and it appeared after, that she was given stimulants to get her to church. She was married, and said all that was needed, but on returning for the breakfast she took no notice of her friends, and when the time came for dressing to go on the honeymoon, she was very obstinate, and it was with difficulty that she could be got ready in time for the train. The pair went, with others in the carriage, to London, where they were to spend the first

night at a new house prepared for them to live in. Hunter was disappointed at his bride taking no interest in her new home and not caring for the many pretty presents he had for her there. She took little or no supper, and went up to bed. When Hunter went up stairs, he found her lying outside the bed, with all her clothes on. Nothing would induce her to get into bed, and she would not allow any congress, but said she was not going to have that, and something to the effect that he might seek that from any woman of the town. He went to sleep notwithstanding, but was awakened by her moaning and rocking backward and forward, lamenting her unnaturalness.

As she was no better in the morning, he sent for her mother, who took her, after seeing a doctor, into the country, and some few days later I saw her. She was then suffering from simple melancholia. She had thrown away her wedding ring; she had also attempted suicide, and was in every way unlike herself. She would lie in bed all day; she would no longer help her mother, and she wished to be released from her marriage. I gave it as my opinion that she was suffering from melancholia, but might recover, and that she was in my opinion insane when the marriage was contracted.

The cause was tried before Sir J. Hannen, without a jury; the facts were placed before him, and the whole matter was made more plain by the woman herself appearing in the box, and in a strange way trying to explain that she, too, wanted the nullity declared. This, I suppose, did not really affect the judgment, but it appeared to me to make the case more simple. The judge decided that the woman was not in a position to enter into the contract, in consequence of being of unsound mind, and declared the marriage null.

Case 2.—Durham *vs.* Durham—This case, which is the most important from many points of view, will long remain one of the *causes celebres*, on account of the high social station of the contracting parties, from the forensic skill exhibited on both sides, and the enormous cost of the prolonged trial.

The question really was whether the lady was, at the time of the marriage, able to understand the nature of the contract rather than whether she was of perfectly sound mind and judgment. The facts of the case are soon stated. A young lady, the daughter of a high ecclesiastic, who was educated at home; who was noted for physical beauty, and in early life was very vivacious, became somewhat altered with the onset of puberty, though she grew into a remarkably handsome woman, who mixed much in the best and most advanced circles of fashion; so that one can hardly accept the statement of perfect simplicity which was brought forward. She had a grand passion, but this seems to have been considered by her friends of little moment, for she expressed herself as quite satisfied that she could not marry a poor lord, and that she could retain the man as her friend, though not her lover. Whether she was able to root up her feelings as completely as she said, is very doubtful, and I think she brooded over this dead love. She was much admired by Lord Durham, and her relations considered this as a very good match; she seems to have acquiesced in the affair, and when the offer of marriage was made, she accepted without any demur, but it seems she was very coy, and objected to the simplest endearments. Whether she was even then quite herself is doubtful, but in any case she seems to have treated Lord Durham with great coolness, but this he

submitted to, and does not seem to have resented at the time, and, according to the witnesses, he had plenty of opportunities of seeing his future wife. Lady Durham took some interest in the wedding proceedings, and wrote many letters, attended balls and parties, and was not looked upon by her relations as differing from her own old self, though strangers appear to have considered her either very cold or stupid.

On the day of the wedding she showed a very distinct interest in the details of the wedding, and selected her own jewels with a special idea of pleasing the bridegroom, but she seems, according to witnesses, to have been distraite after the wedding, when the visitors were present, and when the pair left for the quiet of the honeymoon, she was doubtless very dull. The marriage was consummated; this is an important fact, from my view of the case. The evidence as to this was taken in camera. Symptoms of insanity were not suspected for some time, though several doctors were consulted, and she was sent for change abroad. Then symptoms appeared of marked insanity, and after private care was tried, Lady Durham was sent to a paying hospital, where she is at present. The melancholic stage was succeeded by one of violent mania, and the prognosis is at present doubtful.

There is no doubt about the insanity at present, and there was no doubt about there being some dulness before marriage, and there were said to have been some delusions also before marriage, with false ideas about people talking about her and coupling her name improperly with names of men. These statements were not made very clear in evidence, and it was suggested that it was at least likely that the name of a young girl of great beauty, who was going to be married

to a wealthy young earl, would be in every one's mouth. For my own part, I think there was truth in the statement that "voices" were heard, and that the earliest symptoms of the disease from which she is now suffering were present before the marriage, but at the same time I admit she knew what she was doing, and I think the marriage itself precipitated an attack which might have passed off if in other ways the marriage had been more to her taste and the special conditions of the marriage itself altered.

This is of course problematical, and my experience is that a threatened attack of insanity is rarely prevented or arrested when once fairly started.

I append in full the judgment of the President:

Probate Decree and Admiralty Decision.

Before the Right-Hon. Sir JAMES HANNEN, President.

Durham *v.* Durham.

Ninth Day.

[Transcript of the Short-hand Writer's Notes.]

JUDGMENT.

THE PRESIDENT: The question I have to determine in this case is, Whether the respondent, at the time of marriage, on the 28th of October, 1882, was of sound mind, so as to be able to enter into the contract of matrimony. All the authorities bearing upon this subject have been brought to my notice, but I do not think it necessary to review them, as I am of opinion that every case of this kind must be decided upon its own facts. Nor do I consider that it would be useful to borrow from my predecessors, or to attempt myself to form any exact definition of what constitutes unsoundness of mind. I accept, for the purposes of this case, the definition which has been substantially agreed upon by the counsel, to whom I have to express my obligations for the very able assistance they have given me, namely, a capacity to understand the nature of the contract and the duties and responsibilities which it creates. It is to be observed, however, that this only conceals for a moment the difficulties of the enquiry, for I have still to determine the meaning to be attached to the word "understand." If I were to attempt to analyze this expression, I should encounter the same difficulties at some other stage of the investigation with reference to some other phrase, and I should still have to determine, on a view of the whole facts, whether the respondent came up to the standard of sanity, which I must fix in my own mind, though I may not

be able to express it. I may say this much in the outset, that it appears to me that the contract of marriage is a very simple one, which does not require a very high degree of intelligence to understand it. It is an engagement between a man and a woman to live together, and love one another as husband and wife, to the exclusion of all others. This is expounded in the promises of the marriage ceremony by words having reference to the natural relations which spring from that engagement, such as protection on the part of the man and submission on the part of the woman. I agree with the Solicitor-General, that a mere comprehension of the words of the promises exchanged is not sufficient. The mind of one of the parties may be capable of understanding the language used, but may be yet affected by such delusions, or other symptoms of insanity, as may satisfy the tribunal that there was not a real appreciation of the engagement apparently entered into. It seems to me that the determination of the case must depend upon whether I come to the conclusion that there were such symptoms of insanity manifested by the respondent on the 28th of October, 1882. In considering this question, I think it cannot be regarded, as the Attorney-General contended, as though it had arisen on a will made by the respondent immediately after the wedding, speedily followed by her death. I am bound to take into consideration the fact that she has now become manifestly insane. I must look at the nature of that insanity, and form an opinion from the general history of the case, whether it is recent or sudden in its inception, or whether it has been of slow growth, and whether it had begun before the marriage and had by that time reached a stage which incapacitated the respondent from entering into the contract of marriage. The argument on the part of the petitioner is, that the symptoms which were observed in April, June and July of 1883, by the medical men, whose opinion that she was then insane has been so fully justified by the event, were all continuously manifested by the respondent from a time anterior to the 28th of October down to that day, and from that day until she was examined and found to be insane. Let us see what it was that these medical men observed. Dr. Matthew Duncan says that he first saw Lady Durham on the 22d of April, 1883; that he was consulted for certain functional derangements; that to his questions she gave no answers, or only "I don't know," and his conclusion is, "at that time she only exhibited imbecility;" that he saw her afterwards eight or ten times before 1884, and that "she had more decided marks of insanity"—more marked insanity—not mere imbecility, but that she continued throughout to answer only "Yes" and "No" or "I don't know." In cross-examination he says that he was "sure that her condition was not recent, and that he should think that during her girlhood and young womanhood she had always been imbecile; indeed, he had been told so." Dr. Playfair first saw the respondent on the 30th June, 1883. He was consulted on the question whether she was suffering from hysteria or not. He came to the conclusion that her symptoms were not those of hysteria, but of unsound mind; but he added that he could not give an opinion as to its duration. Dr. Blandford first saw her on the 2d of July, 1883. He says that she stood the whole time he saw her; that he could get no answers to his questions except "I do not know;" that she may have said "Yes" and "No," but that practi-

cally he got no answers to his questions, and that he came to the conclusion that she was of unsound mind—this witness does not use the word imbecility, and he states generally, that, after having heard the evidence, he does not come to the conclusion that she first became insane after marriage. I assume that there was something in the manner of the respondent which justified these gentlemen in coming to the conclusion that she was imbecile or insane at the times they have respectively spoken to. I now proceed to examine the evidence to see whether her condition was the same previous to her marriage. I must at once say that there is nothing in the evidence to warrant the opinion which Dr. Matthews Duncan formed, that she had been imbecile from her childhood and early womanhood, and he must, I think, have allowed his judgment to be unduly affected by the undisclosed person who told him that that had been her condition. I think it appears from the letters of the respondent that she was a person of low intellectual powers, but she was capable of receiving the ordinary education of young ladies of her class. She acquired some accomplishments and took part in private theatricals. She appeared to have inspired feelings of affection in ladies of her own age whose acquaintance she made after entering society in 1879. She was everywhere received and treated as an ordinary person, at any rate, until her engagement. Her grandfather, the Archbishop of Armagh, states that he regarded her as the most sensible of his granddaughters, a statement quite consistent with her intellectual powers, being feebler than those of her sisters, but entirely excluding the idea of her being imbecile. It is clear that she was of a shy and nervous temperament, which impaired her powers of expression and impeded the flow of her ideas in the presence of those whom she did not know intimately, but it is equally clear that she was capable of forming a judgment on her own condition. The evidence of Mr. Curron is of great value on this point. He states that in 1879 he had a conversation with her in which she talked about the prevailing impression about her shyness, and lamented the fact that people took that shyness to mean stupidity. She expressed herself as being very sensitive in society, but not as really being as stupid as she was supposed to be. Mr. Curron was evidently one of those, who, by his own manner, was able to inspire the respondent with confidence, and, to use a common expression, "draw out her conversational powers." Shyness of the degree and kind which the respondent lamented exists in many persons of a much higher intellectual capacity than that of Lady Durham. I don't think it necessary to go through the evidence of the numerous witnesses of all classes who have stated that the respondent, though shy, was perfectly sane and intelligent down to the time of her engagement, because that engagement is itself the strongest possible testimony in her favor. Lord Durham had ample opportunity of forming an estimate of the mental qualification of Miss Milner. He was, no doubt, in the first instance attracted by her beauty, but in addition to frequently meeting her in society, he spent nearly a week with her at Ascot in the summer of 1882, and he came to the conclusion that she was a person whom he desired to obtain as his wife. Lord Durham does not appear to have been one of that class of persons of whom Milton says that they are "least practised in these affairs," but the following words of doctrine and discipline of divorce are no doubt applic-

able to this case : "Who knows not that the bashful muteness of a virgin may oftimes hide all the unliveliness and natural sloth which is really unfit for conversation." This unfitness for conversation, however, does not constitute imbecility or insanity. I have said that the fact of Lord Durham engaging himself to the respondent is the best evidence that she exhibited no sign of insanity at that time, but I must correct the expression. I think that there is even better evidence of the fact. The Archbishop of York, after stating that during the respondent's visit to his house in January and February, 1882, he had opportunities of observing her, says that she talked quite freely to him, that her manner was always perfectly composed and simple, and there was nothing to mark her out from other people in that respect, but that she was a shy girl no doubt, and he added that the respondent formed a great intimacy and friendship for his daughter, Miss Zoe Thompson, who was very intimate with Lady Carmarthen, and that from January, 1882, there was a third added to the alliance—namely, Miss Milner. Lady Carmarthen (Lord Durham's sister) stated in her evidence that on the night of Lady Durham's arrival at Lambton, after the engagement, she (Lady Carmarthen) went to Mrs. Gerard's room and said, "I am so glad ; this is what I have been hoping for for the last year," and that that expression conveyed her real feelings. Lord Durham's judgment may have been obscured by his passion, but Lady Carmarthen's judgment was free from any such disturbing influence. She could only have had the happiness of her brother in view, and after the opportunities afforded by an intimate acquaintance she was not merely content with, but hoped for her brother's union with the respondent. It appears to me, therefore, impossible to contend with success, that she presented, up to the time of her engagement, any sign of want of sanity to those who had the best means of judging of her mental capacity, and the greatest interest in estimating it correctly. I now proceed to consider the evidence relied on to show that after her engagement she *did* exhibit symptoms of unsound mind. The first thing relied on did, indeed, precede the actual engagement, which occurred on Saturday, 19th August, 1882. On the day before, Miss Milner's dress, in some way or other, took fire, and she sustained a burn on herself. The respondent made little of it, changed her dress, and rejoined the company without complaining of pain.

This was only referred to in the opening speech of the Solicitor-General as evidence of her insensibility to pain, which, it was said, was not without a bearing on her mental condition.

No evidence, however, has been given to show that insensibility to pain is an accompaniment of insanity. But the incident has, in the course of the case, been relied upon as showing that the respondent attempted self-destruction by attempting to set her dress on fire. This suggestion is based on a statement made by the respondent, since she has been undoubtedly insane, that she set fire to herself. This statement cannot, of course, be entirely rejected merely because she was insane when she made it.

I have known instances of persons of unsound mind giving evidence in courts of justice, of facts within their knowledge, and their statements have been acted upon. But it is evident that statements made in such circumstances must be re-

ceived with caution, and they must be corroborated by or be consistent with the other evidence of the facts in question.

Now that the facts have been fully investigated, it appears to me that the respondent's statement is not corroborated by, but is inconsistent with the evidence of all those who can speak on the subject. The respondent appears to have gone upstairs on an errand for her sister. She herself gave the alarm by ringing the bell. She had herself, before the arrival of her servant, effectually extinguished the flames. She said at the time that she had dropped a match which had set light to the bottom of her dress, that the fire ran up, and that she had put it out with her towel before the flames had done more than burn her at the parting of her dress. There is absolutely nothing to throw any doubt on this account of the accident, except the subsequent statement I have referred to, made when the respondent was admittedly insane. I may add that the suggestion that the burn must have caused great pain, does not appear to be borne out by the evidence of the maid, who states that it raised only a small blister, which subsided in a day or two, leaving only a redness of the skin. It appears to me, therefore, that the evidence altogether fails to support the theory that the respondent intentionally caused this injury to herself. The next point in order of date, which it is contended shows insanity, is thus stated by Lord Durham: He says that after he had made the proposal and had received an answer, which he construed in the affirmative, he upbraided her for her behavior to him, at least for her silence and reticence, to which she replied, "Oh! there is something dreadful and awful I ought to tell you." It is argued that this is evidence of delusion, since it is incredible that there can have been anything in her past career to which the epithets "dreadful" and "awful" could be properly applied. Lord Durham could not persuade the respondent to say to what she referred. If she had stated what it was, we could have formed an opinion whether there was anything irrational in her language. This unfortunate lady cannot now give any explanation, and we are bound not to assume on mere conjecture that there could not have been a reasonable meaning in her words. We must carefully consider all the proved facts and see whether they do not supply a clue by which to find a probable interpretation of what she said. This leads me to a branch of the case upon which I may have to make remarks which may cause pain. I shall do so with regret, but it is part of my duty to consider how far the conduct of the parties and others have a bearing upon the question I have to determine, and I must not shrink from stating the opinion I may form, if that statement is necessary to make clear the grounds of my decision. The evidence satisfies me that the respondent's affections had been fixed upon a gentleman whom she knew before the petitioner. It is clear that that person was attached to her and that they understood one another's feelings. I infer this from that gentleman having made known to Mr. Edward Milner his desire to marry the respondent. Mr. Milner disapproved of this connection on account of that gentleman's want of means. The respondent was annoyed at her brother's interference, and expressed the hope that he had not said too much in opposition to that gentleman's wishes. Mrs. Gerard said that she would have endeavored to bring about the marriage, if she

had thought her sister's happiness depended upon it, but that she was satisfied with the respondent's statement, that a marriage with a poor man did not answer. Believing, as I do, that the respondent's affection still continued fixed on another man, I think that she did Lord Durham a great wrong in becoming engaged to him, and that she was conscious of this. Lord Durham naturally explains that when his proposal had been accepted Miss Milner did not return his kiss, and that neither then nor at any other time did any word of endearment pass her lips. If the kiss and the words of endearment had been given to another, might she not feel that there was something which she ought to disclose to Lord Durham, and though the words "dreadful" and "awful" may seem to some exaggerated for such a matter, they may well have been used by a sensitive girl, whose conscience was not easy on the subject. It is further to be observed that it is not unusual at the present day for young men and women to apply such terms as "dreadful" and "awful" without any nice consideration of their fitness. It is further said that the respondent's coldness and reticence to Lord Durham, after their engagement, is so unnatural under the circumstances that it is evidence of a deranged intellect. Lord Durham states that she avoided walking near him, shrinking from him, and walking on the grass borders of the paths at Lambton in order to keep away from him. If she had been sincerely in love with him such conduct would have been unnatural, and I can only wonder that Lord Durham could persuade himself that the respondent cared for him, with such strong proofs to the contrary. Lord Durham says he was, to some extent, reassured by a statement made shortly before by Mrs. Gerard that her sister's coldness to him arose from her love. I am by no means satisfied that this was Mrs. Gerard's belief, and it appears to me that Mrs. Gerard was certainly to blame in stating to Mr. Knollys, as she did, in July of 1882, that her sister was in love with Lord Durham. I think it highly probable that this statement did stimulate Lord Durham to make his proposal, and thus Mrs. Gerard's device to bring about a match, which she thought advantageous, has assisted to wreck the happiness of two lives. I do not think it necessary to examine in detail the other peculiarities in the behavior of the respondent after the engagement, her silence, want of interest in Lambton and its surrounding, her coolness to Lord Durham's family and friends and his old servants. These are ordinary evidences of want of affection, and many of the trifling circumstances which are relied on are only signs that she was not happy. If I am right in the view I take of the state of her feelings, the respondent did a great wrong to the petitioner in continuing her engagement when she found she could not love him. But while everything in her conduct seems to me to be accounted for by want of affection for Lord Durham, I can find no proofs of want of sanity in anything she did in reference to her approaching marriage. She entered into all the arrangements for that event in a methodical and rational manner, and I am much impressed by the evidence of her sister, Miss Emily Milner, who has given the details of the respondent's life during the weeks that preceded the marriage. The respondent's tender farewell to her sister Emily, expressing a fear that she had not been a good sister to her; her promise to do her best in the future, to be of use to her sister, her gift to her of her old jewelry,

her directions to her maid at the "Durdans" all indicate a calm and collected and rational mind. I pass over the incidents of the wedding-day. The Solicitor-General has admitted that no inference of unsoundness of mind can fairly be drawn from the shyness, nervousness and want of presence of mind of a young lady on such an occasion. That the respondent exhibited these peculiarities at other times I do not doubt, as, for example, on the visit to the Duke and Duchess of Abercorn; but on none of these occasions did her manner suggest to anyone that she was not in possession of her reason. I come to the conclusion that the petitioner has failed to establish that the respondent exhibited any symptom of insanity down to the time of the marriage; but, as I have already said, the subsequent incidents cannot be disregarded. I regret to be obliged to state my opinion that Lord Durham did not, on the third night after the marriage, show that tenderness and consideration which the condition of his bride demanded. His threat to leave her and tell her mother of what he considered her waywardness was calculated in the highest degree to agitate her and disturb her nervous temperament. Again we must remember that we cannot have the lady's account of what passed between herself and her husband during the first days of her union; but his own statement shows that he little knew how to win his young wife's affections by gentleness and patience. Lady Durham appears, from her letters to her mother and sister, to have professed to be happy and contented, but her health evidently gave way soon after her marriage; but a medical man was consulted, and, in February, 1883, Sir William Gull was called in. He states positively that no suggestion was made to him by Lord Durham that Lady Durham was affected in her mind. He says that he examined her condition during an interview of from twenty or twenty-five minutes; that she was depressed in health, languid, and with a feeble pulse; that he prescribed for her bodily ailment, and observed no trace of mental disease. He adds that he does not think that any trace of mental disease could have escaped his notice and observation. Soon after this the petitioner and respondent went to Cannes, and Miss Annie Suelmar, the respondent's maid, who had been with her from her childhood, states that at the first week they were at Cannes she noticed a change in her mistress: she appeared very ill, and her manner changed very much; that, whereas, she had always been most kind and considerate to her, she became very cross and irritable, and we learn from Lord Durham that the respondent wished to dismiss Suelmar at Cannes without any reason. She also states that there she walked out by herself and did not return until after sunset. This wandering has been repeated many times since. All the witnesses who had opportunities of comparing her condition before and after the visit to Cannes state that they observed a marked change in her after that time. Mrs. Gerard says after Lady Durham returned from Cannes she looked extremely ill, and she seemed more distant to her, and that she was not so affectionate as she had been. Miss Emily Milner says that in April, 1883, she was horrified at the change in her sister. She was excessively cold to her, though they had previously been on the most affectionate terms. Lord Durham says that after the return from Cannes there was a most extraordinary change in her. She seemed in the most deplorable spirits, and

very distant as well. Miss Suelmar's evidence, to the same effect, has already been referred to. Mr. Curron says that in the summer of 1883 he observed an extraordinary change in her. Mr. Leeson, who had been much in her society, says that after the return from Cannes he noticed a very considerable change in her manner, and that he had seen nothing in the slightest degree resembling it before her marriage. Other evidence to the same effect was given. Lady Carmarthen, who gave evidence which I think tends to show that no unsoundness of mind had arisen before the journey to Cannes, states that in February, 1883, Lady Durham said that she was very melancholy and that she was subject to "melancholia;" that she kept on imagining things that made her unhappy; that it was the kind of thing that "sent people mad." I attach great importance to that statement as showing that she was able at that time to reason about her condition, and, therefore, that, though she felt that her mind had a tendency to insanity, it had not yet given way, as it did shortly after. It results from this evidence that the respondent's appearance, manner and behavior after that visit to Cannes, when Dr. Duncan, Dr. Playfair and Dr. Blandford saw her, were essentially different from what they were before she left England. I find it impossible to doubt that concurrent testimony of so many witnesses, and it is to be observed that this change was in its nature such as commonly arises from insanity. It manifested itself in a perversion of the affections. She became cold, distant, and unkind to those whom she had formerly loved. Add to this that she was seen by a most eminent medical man, Sir William Gull, before she went to Cannes, and he observed no sign of insanity in her. No doubt the general characteristics of her manner, shyness, and nervousness were the same at both epochs; but there was the all-important difference of mind and no mind, so that at the one time she appeared, not only to her friends and relatives, but also to a physician of the greatest experience, to be of sound mind, while at the other times she appeared to those friends and relations to have undergone a change to a condition which the doctor recognized as insanity. I come, therefore, to the conclusion that the symptoms which the three medical men who have been called for the petitioner observed, did not exist before the respondent went to Cannes, and I draw the inference that the change in her mental condition from sound to unsound mind occurred at that place, and had not arisen at the time of her marriage. I therefore find that the petitioner's case is not established, and I dismiss the petition with costs.

THE SOLICITOR-GENERAL: My Lord, I have been requested to make a statement which, perhaps, you will allow me to make. It seems that some misunderstanding has arisen from certain newspapers representing the Solicitor-General and myself as stating to you that Lord Burgliech had made a formal offer of marriage to Lady Durham, and that she had refused it. That has given pain, and, perhaps, as neither my learned friend nor myself stated, your lordship will allow me to make that explanation.

THE PRESIDENT: I have stated my own view on that part of the case from the evidence laid before me. I can only act on the evidence laid before me.

CASE 3.—Cannon *v.* Cannon, otherwise Smalley—In this

case the father of the wife had been in an asylum, and there were other members of her family who had suffered from nervous disorders.

She was bright and intelligent, and made a living as a teacher of music. She was engaged to her husband for some time, and they were socially and in every way well matched to one another. No signs of mental disorder were noticed till close on the time of the marriage. A few days before the marriage, she spent a day and a night with her husband's mother, who was dying, and this seemed to act as a severe nervous shock. From this she suffered so much as to be unable to go about her ordinary work, and even kept to her bed. She also about the same time expressed doubts about her affection, and also she was very anxious lest her husband's love should prove unenduring. She was doubtful and restless, and not so careful about herself as usual. She took less interest in her trousseau.

The day before the wedding she went out with her husband, but was dull and doubting, wanting him to repeat his assurances of love. She bought the things she required, and appeared reasonable, as far as business was concerned.

The wedding day arrived, and she went to church. Through the ceremony, she was said to have made her responses in an ordinary way, so that the clergyman and his clerk were not struck by any peculiarity in her manner. At the wedding breakfast, and after it, she was only slightly dull, according to one side, and absent minded according to the other. She left London for the North of England with her husband, and was very silent and absent. The pair proposed visiting a sister of the wife's, then unknown to her husband, and so odd was Mrs. C. that she did not introduce

them, but compelled her husband to introduce himself. After a visit of an hour or two, they returned to their hotel, and in good time the bride retired. On joining her, her husband found her silent and strange. She declined to allow sexual intercourse, and the husband slept quietly, without attempting to force his wife against her inclination. Mrs. Cannon's manner remained odd and changed, and she refused all intercourse, and the husband returned with her to London, and, after seeing her mother, a doctor was called in, who thought her mind was affected, and desired me to see her. I found her suffering from melancholia; she was picking her fingers, with her head bowed forward, and her whole aspect being one of misery. She took little or no notice of her husband, who was tender and attentive to her; she seemed to shrink from him.

She answered very briefly any questions I put to her, saying "I don't know" to most of them.

This stage of melancholia persisted till she was placed in Bethlem. She denied that she was married, and when she saw her husband said he was no husband of hers, and was not her Cannon at all.

Later the melancholia was succeeded by a period of calm and recognition of her husband, and during this period of sanity she was allowed, during my absence from London, to go out with her husband.

During this leave of absence the marriage was consummated, and the wife, instead of coyness, exhibited strongly erotic ideas. A prolonged period of acute mania followed the period of calm; fortunately no pregnancy resulted. Though at present, after eighteen months' treatment, the patient is still maniacal, there are some signs of improve-

ment, and recovery is still possible. So much for the medical aspects of this case. I subjoin the judgment of the President:

IN THE HIGH COURT OF JUSTICE—PROBATE, DIVORCE AND ADMIRALTY DIVISION.

DIVORCE.

ROYAL COURTS OF JUSTICE, March 19th, 1885.

Before the Right-Honorable, The President:

Cannon *v.* Cannon, otherwise Smalley.

[Transcript from the Short-hand Writer's Notes.]

JUDGMENT.

THE PRESIDENT: This is an exceedingly painful case, and I desire to say in the outset that I have not been in the least affected by the evidence which has been given by one of the members of the respondent's family with regard to the petitioner's conduct. I have no doubt that he has behaved quite properly, in very painful circumstances.

Now it is to be observed that the case, from which ever side it is to be regarded, presents an instance of very sudden change from soundness of mind to unsoundness of mind; because it is not suggested that there was anything indicative of insanity in any form, in this young woman's mind, previous to the visit she paid to Mr. Cannon's mother's house, where she was assisting in nursing her. I don't know what the exact date of her return was, but she had returned on the 27th (December), and I have understood, though it has not been exactly defined, how she was when she did come back from nursing her mother. And we are able to see what her condition was from this letter, which she wrote on that day, a perfectly rational and affectionate letter, which is as strong evidence as it is possible to have that her mind was then in a sound condition: "My dear Sam, I am sorry to tell you I feel no better. I was unable to go and see dear father. I am glad to hear your mother is able to get a rest. I am pleased to hear the nurse suits. If I do not feel better by Friday, you will not see me, dear. Trusting you are quite well. Yours affectionately—Dora. P. S, John has gone for the photographs this morning. I will come and see your mother as soon as I feel well enough to get out."

I agree with Mr. Bayford that it is plain her health had suffered in consequence, at any rate that she was suffering in her health. And I suppose that in all these cases, physical health has something to do with the mental condition; and that the balance of the mind is more likely to be upset in a person who is suffering bodily at any rate from some disease than in the case of a person who is altogether well physically. That may be. Still the question I have to determine is, when was the balance of mind upset, which, it appears to me, was sound at any rate on that 27th.

Well, and Dr. Savage, who has given his evidence with the clearness which one would expect from him, has stated that he does attach importance to the

heredity of mental disease. If that once be assured, then it is obvious that the seeds of the disease must be dormant in persons for various numbers of years, unless, indeed, the other theory is to be adopted, that if you once believe in the heredity of insanity, that the persons are to be deemed insane from the time that it can be supposed that seed was dormant in them, which is contrary to the general view of the profession, and which is contrary to the view of mankind, at least those who come to a conclusion, and I do not doubt, as Dr. Savage says so, is a sound one, that the seeds of insanity are inert, and may lay dormant for a certain number of years, until the conditions favorable to their development are brought about, but until that takes place, then the person is in possession of his faculties, and is capable of transacting the various businesses of life.

Then Dr. Savage says further that change from the dormant condition may be, and frequently is, perfectly sudden, so that the patient may be one day of sound mind and the next day may be clearly of unsound mind. He further says that when the process of development of the disease is through that stage which has been called melancholia, that still the melancholia may be for a time of such a character as to leave the patient capable of understanding all that is going on and capable of doing all that is called for, in whatever his or her position of life may be. And I suppose it must be beyond the range of science to say when a depressed condition of spirits passes into melancholia, so as to lead to the conclusion that the person is no longer responsible for his acts or capable of appreciating the nature of them.

Now I have to say whether or not it is established to my satisfaction that a change, from a condition in which this young woman could understand what she was engaged in, the marriage she was about to contract, occurred ; and I have to say at what stage this change took place.

Now it is to be observed that there is no case in which the rule of law that the onus of proof lies upon the person asserting the invalidity of the act, is more stringent than in these cases of marriage. It lies upon the petitioner in this case to establish that the respondent was incapable of entering into the contract.

Now, there is really, up to the time of the marriage, no evidence which would satisfy me, or, I think, any tribunal whatever, that she was incapable of understanding what passed. She went out with the petitioner to make preparations for the marriage on the following day. There was a little discrepancy in the evidence about whether she had been in bed all that day, to which, however, I attach no importance whatever. Undoubtedly she was not well in her general health. It is exceedingly probable that there was a misiake made by the petitioner. It is very likely that she had been lying down in the afternoon of that day, and that he misunderstood her statement, that she had been in bed the whole day. Probably she said that she had just got up — some words of that kind which would account for it. But really, it would only show she had not been in good health. She then went about this business, and he was with her for four hours, and the only thing he has mentioned as calling for observation, is the fact that she said to him, "I hope you will love me always," and that she repeated it. It is obvious that it could only be the subsequent sad business that

could have given color to such an expression. Nothing could be more natural on the part of any woman, than that she should say to the man she was to be married to, even with some feeling, "I trust you will love me always." Then, if there is no evidence, which I hold there is not, that the balance of her mind had been upset at that time, then, of course, it becomes a matter of small importance to determine the day or hour when it did occur subsequently. Now, I must observe, in this case it is the misfortune of the parties, it is the misfortune of the Court, that I can have but one side to tell its story. This poor woman cannot give her version of what occurred, and, therefore, I am quite unable to form a conjecture of what may have passed, and what may have been the turning point with her, and converted her mind from a condition of unstable equilibrium, as it has been defined. Something or other turned the scale in the direction of insanity. I come to the conclusion, therefore, that it is not established that she was of unsound mind on the day of her marriage, and, therefore, the petitioner has failed to establish his case.

I can only express my great pity and commiseration for the petitioner, who, I repeat, appears to me to have done nothing but what was kind and right. I, perhaps, ought to allude to a circumstance which has occurred since ; I allude to the fact of his taking her out of the asylum and living with her for some days. He was in a position of very great difficulty; and I have no doubt, if he could have been assured she would speedily recover, he would never have thought of taking these proceedings.

And therefore, in my judgment, it does not at all reflect upon him, that he should have consorted with his wife. Perhaps, looked at strictly, it may be said that if he regarded her as of unsound mind at the time of the marriage, well then, he ought not to have done so.

But that cannot affect the legal question, and all I can say is, that under very trying and difficult circumstances he may, possibly, have made a mistake in judgment.

But I have to consider whether or not she really was of unsound mind at the time of the marriage, and upon that I have nothing further to add to what I have already said. I must, therefore, dismiss the petition.

MR. SEARLE: With costs?

THE PRESIDENT: Of course, it must be with costs.

And now, I have exhausted the material before me, and have considered in detail the questions arising from the cases, and though no great change will result in law, yet it is well to take stock of any new departure in law, to make the most of those strange coincidences in the way of experience, which, from time to time, occur.

TRANSACTIONS OF SOCIETIES.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

Vice-President Clark Bell in the Chair.

March 18, 1885.—The minutes of the February meeting were read and approved. Upon recommendation of the Executive Committee, on the nomination of Vice-President Bell, the following members were unanimously elected:

Active Members—J. S. Christison, M.D., 63 Clinton place, New York; A. Sterling Pennington, Esq., 60 West Fayette street, Baltimore; and Dr. L. W. Baker, of Baldwinsville, Mass.

Corresponding Members—B. C. Ingels, Secretary Societe de Medicine Mentale de Belge, Ghent, Belgium; Dr. M. Von Buri, Leipsic, Germany; W. R. Gowers, M D., London, England.

Letters were read from Prof. H. Aubrey Husband, Dr. E. Blanche, Paris; Dr. Von Buri, of Leipsic; Dr. W. R. Gowers, of London; Dr. H. Maudsley, of London; Dr. H. Kornfeld, of Silesia, and others.

Contributions to the library of the Society were announced from Dr. W. H. O. Sankey, of London: Dr. E. Blanche, Paris; Dr. C. H. Hughes, St. Louis; Dr. J. C. Thomas, and Dr. J. S. Christison, of New York; Dr. L. W. Baker, Mass.

The chair announced that the President was indisposed, and not able to attend the session. He had been advised by his physicians to suspend all business and go abroad for the benefit of his health, and expected to sail shortly to join his family, now abroad.

The Secretary announced that 2d Vice-President Calvin had appointed the following committee on case of Dr. Beach,

as voted at the February meeting, viz.: David Dudley Field, chairman; A. O. Kellogg, M.D., A. E. MacDonald, M.D., C. G. Garrison, and Geo. H. Yeaman, Esqs.

Dr. Ira Russell, of Winchenden, Mass., was then introduced, and read a paper entitled "Increase of Insanity, Causes and Remedies," which was discussed by Dr. Garrish, Dr. J. A. Irwin, S. D. Sewards, Esq, Jacob F. Miller, Esq., Dr. Stephen Smith, and Vice-President Clark Bell. Vice-President Clark Bell called Dr. Stephen Smith to the chair, who presided the remainder of the session. Mr. Bell submitted, as chairman of the committee upon the proposed Illinois bill, a report, which was read, and a letter from Dr. Fred. H. Wines, of Springfield, Ill. The report of the committee was received. Mr. Bell submitted a copy of a proposed bill now pending before the Legislature of Michigan for the amendment of the lunacy statutes, which had been forwarded him by the State Board of Corrections and Charities of that State, and asked that the same be referred to the committee on the Illinois bill, and that the report be referred back to committee for further consideration, which was after discussion adopted. It was voted that a copy of the report of the committee be forwarded to Dr. Wines and to the Legislature of Illinois. Letter from the President was read, announcing the standing and special committees for the year, which were on motion approved.

Mr. Clark Bell announced that in behalf of the Medico-Legal Society and in its name, he had forwarded the sum of twenty francs to the Societe de Medicine Mentale, of Belgium, as the donation of this Society to the proposed monument to Guislan, about to be erected under the auspices of that body to the illustrious Belgian alienist, and that at the same time he had also remitted in the name of the Society, a like sum to the Societe Medico-Psychologique of Paris as its contribution to the statue about to be erected in Paris to the memory of Pinel.

The action of the late President, Mr. Bell, was unanimously approved.

The death of our late members, Dr. S. Teller and Geo. B. Porteous, Esq, were announced by the chair, who made remarks concerning the life and character of the deceased. Remarks were made by Dr. R. J. O'Sullivan, and others.

The Society then adjourned. E. J. McINTYRE,
Acting Secretary.

DISCUSSION OF DR. RUSSELL'S PAPER.

DR. STEPHEN SMITH, State Commissioner in Lunacy, being called by the chair, said :

The subjects that have been discussed here are of great importance, especially the first—the increase of insanity. I suppose by the term "increase of insanity," which is so often used, is meant that the increase is out of proportion to the increase of population, and due to other conditions than those that naturally exist in society. I am myself, without any very positive knowledge on the subject, a good deal skeptical as to the truth of the statement that there is an unusual increase of insanity.

Dr. Russell has attributed the great increase of insanity in this country to immigration I think there is no question that the discrepancy between the increase of population and the increase of insanity in this country is due to the foreign element in the population, and that when we eliminate from our statistics all the foreign born (not only those who are foreign born who become insane, but the foreign born parents of native born insane), and study the subject with reference to our population of native parentage alone, the ratio of increase of insanity to the increase of population is, if there is any difference, in favor of the latter. Estimated on this basis the increase of insanity is little if any greater now than it has been at any former period in the history of the country. In my opinion, therefore, the excess of increase of the insane to the increase of population in this country, may justly be attributed to the foreign element.

As to the other causes that have been alluded to—the rate at which we live, the changes in our methods of living, methods of work, &c , I doubt whether much importance ought to be attached to them. If we go into an insane asylum in this State, even the very best, we shall find by far the larger number of the insane are the common laborers, both men and women—the laborers among the men and the housekeepers among the women—the common people that are pursuing very much the same methods of life now that they did a hundred years ago, with no change in their mental or physical condition. The number of insane who are taken from the higher grades of society is almost insignificant : also the number taken from the higher and more exacting branches of business is exceedingly small when compared with the number taken from the farms and the ordinary walks of life. I doubt very much whether a man driving a steam engine is any

more likely to be insane than the man the Doctor spoke of who formerly drove the four horses of an old-fashioned country stage, whether he is not a great deal less likely to become insane than a man subjected to the hardships of early pioneer life in this country.

At any rate, the great mass of the insane are to-day from the ranks of the poor, the vicious, and those living under conditions apparently where civilization has effected no considerable change in their status.

In regard to both these points, I express myself, while not dissenting altogether, very skeptical as to the foundation facts on which they are based, and should draw rather different conclusions from those of the author of the paper.

In the treatment of the insane, there is no question as to the importance of early treatment by skilled persons, skilled physicians, and skilled attendants. It may be a question whether any person adjudged insane should be at once sent to an insane asylum—that may be left to the judgment of a competent physician; but there can be no doubt that every insane person should be placed under proper medical care at the earliest possible period. I think the ratio of recoveries would be very much greater if early treatment was the rule rather than late treatment.

Dr. Smith was asked by the chair what degree of weight he would attach to monotonous employments, and the discouragements in life alluded to by the Doctor who read the paper He replied:

I do not think I should attach any great importance to it. The class of insane we ordinarily meet with are not the kind that are very much influenced by monotony, or anything but vicious habits, as the indulgence in intoxicating liquors, and their condition is not attributable to their simple mental stimulii, whatever they may be.

Dr. Parrish criticised the paper and claimed that in all the cases that had come under his observation the observed insanity was clearly hereditary.

Dr. J. A. Irwin spoke as to the influence of evil habits and avocation among exciting causes of insanity, and expressed the belief that emigration largely influenced our present statistics as to the number of the insane.

Mr. J. E. McIntyre, Esq, spoke upon what he characterized as the moral aspect of the question.

S. D. Sewards, Esq., spoke on causes and treatment and the effect of emigration on the apparent increase here in America, as follows:

Both sides seem to agree that the higher quotient of insanity is principally due to foreign immigration. I cannot quite see through it, nor do I think that, as an attempt at explanation, it explains anything; it rather calls for an explanation itself. The author of the paper says that because of the greater hardships in the struggle for life which the new-comers encounter, insanity is more prevalent with them than with the natives. But he, at the outset, also stated, that the increase of insanity is just as apparent in Europe as in this country. Unless, therefore, we must assume that

Europe is persistently sending us its insane, which I do not believe happens to any perceptible extent, the causes of the phenonema must be the same on either side of the Atlantic. What, then, is it? I say the increased hardships in the struggle for life, which are more acute, more intense and more exhausting than they were known in former ages, and which make themselves felt by their ravages upon the nervous system of men throughout the civilized world, with the rich as well as with the poor.

The poor and uneducated may toil his substance away under the physical strain he is subjected to, but the well-to-do and educated is sure to burn it out by means of an unchecked ambition, and through the shocks consequent upon the innumerable disappointments awaiting him in the complicated social and business relations. If, as Dr. Smith said, the laboring class, and those belonging to the lower walks of life, fill our asylums, it is probably not because they are the poorer class, but because they are more numerous. I should say that every walk of life sends its inmates in proportion to its numbers. The same causes generally bring about the same results, and the same results are generally traceable to the same causes.

Mr. Jacob F. Miller spoke of the danger of conceding increase without accurate statistics, and expressed grave doubts as to any fact being assumed based upon statistical knowledge, until undoubted statistics were produced.

Dr. Ira Russell closed the discussion as follows :

In regard to lack of early treatment, and why the disease is not sooner detected, that is due to many reasons. There is this one: the extreme unwillingness of friends to think there is anything the matter with the minds of their friends. They attribute their irregularities, eccentricities, and peculiarities to anything else, and, of course, they delay and delay. Then there is this which comes in with education. I was educated here in New York. I attended lectures at the university, and there were no lectures on insanity. I graduated in medicine in New York, without knowing anything about insanity, and when I commenced general practice, if I had insane patients, I was utterly incompetent to take care of them, and, of course, I sent them to insane asylums. Now there is a change. The subject of insanity is beginning to be discussed in our colleges, and general practitioners are knowing more and more in regard to the matter ; still, I find it a matter of observation that physicians in general practice are very reluctant to say to friends of patients, "Now, this patient is insane, or will very likely become insane, and should be put under proper treatment." They call it biliousness or nervous prostration, and these cases drift on and on, until they become hopelessly insane.

Now, one other thing in regard to the education of children. I know how it is in our State of Massachusetts. A great many of the children educated in Massachusetts go into shops by the time they are fifteen years of age. They are compelled to attend school so many weeks in a year until they are fifteen years of age ; they are pressed and crammed, brains stimu-

lated to an undue degree ; then comes the sudden change : they are put into shops, and a great many of them do this very monotonous work that I have complained of, they become mere automatons ; a thing that Dr. Smith does not take much stock in. Go into our shops in Massachusetts, and you will see boys and girls standing at a bench, doing one thing day after day, and month after month. Now, if there is any such thing as localization of function, if there is a certain portion of the brain that presides over the motions of the arms and another over the motions of the legs, &c., and, if that portion of the brain that presides over the motions of the arm is continually stimulated by the working of the arm, while other portions of the brain which preside over the motions of the unused parts of the body are not thus stimulated, why should it not have the same effect upon the brain as the cutting off of one of these unused members, which Dr. Luys has demonstrated causes atrophy of the unused portion of the brain ?

One other thing : the struggle to rise above the normal condition in which the laboring class of this and other countries now is placed, is greater than it was forty or fifty years ago.

Mr. Bell asked the speaker what proportion of insanity was due to hereditary taint, referring to Dr. Parrish's suggestion that nearly all cases of insanity that had come under his observation were, in his opinion, due to that cause.

Dr. Russell replied :

Probably fifty per cent. When a patient comes to us we inquire whether father, mother, brother, sister, aunt, uncle, &c., has been insane ; and, in the majority of cases, we find that there has been something of this nature somewhere in the family, something predisposing to insanity. In regard to brain-workers—lawyers, physicians, clergymen, college professors, and scientists—my knowledge is limited ; but as far as I know, these brain-workers do not become insane by doing their legitimate work. In the cases of this class that have come under my observation, almost without exception the disease has been due to something outside of their profession, and generally to speculation ; frequently to speculations on margins. For instance, I remember a school-teacher who became insane, not from teaching, but from speculation. Stocks were going down, and he could neither sleep nor do his legitimate work. The result was, he became insane. Dr. Stephen Smith says the operators in Wall street are not prone to insanity. Very likely the bulls and bears are not, but how is it with the poor lambs?

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

CLARK BELL, ACTING PRESIDENT, IN THE CHAIR.

APRIL 15, 1885.—Minutes of March meeting read and approved. The chair announced that, by the advice of his physicians, the President, Prof. R. O. Doremus, had sailed for Europe for a period of entire rest from all professional

labor, on account of his failing health, and that the College of the City of New York had kindly tendered him a vacation. That the duties of the office of President has unexpectedly fallen upon him as First Vice-President, which he would temporarily discharge to the best of his ability.

On recommendation of the Executive Committee, the following members, proposed by Mr. Clark Bell, were unanimously elected:

Active—Frank A. Ingram, M.D., Canandaigua, N. Y.; F. E. Cruttenden, M.D., Des Moines, Ia.; Frank G. Ogston, M.D., Aberdeen, Scotland; N. A Drake, M.D., 1037 Main street, Kansas City, Mo.; D. H. Boardman Reed, Atlantic City, N. J.; Edward J. Messemer, M.D., New York City.

Corresponding Members—Prof. Dr. H. Heiberg, Christiana, Norway; Dr. Joaquin G. Lebredo, 126 Calle del Consulado, Havana, Cuba; Victor Desguin, M.D., President-elect Societe de Medicine Mentale de Belge, Antwerp, Belgium.

Communications were read from Prof. Heiberg, Dr. F. E. Cruttenden, B. C. Ingels, M.D., of Belgium; Dr. Frank Ogston, of Aberdeen, Scotland; Dr. Geo. Dragendorf, Dorpat, Russia; Prof. Dr. Maschka, of Prague; Dr. E. H. M. Sell, now travelling in Central America; Geo. H. Savage, M.D., of London, and others.

The Acting President called Vice-President Calvin to the chair, who presided the remainder of the session.

Communication was read from Dr. W. H. O. Sankey, of England, corresponding member, on "The Case of Lucille Dudley." The same was discussed by Dr. J. M. Carnochan, Hon. B. A. Willis, Judge P. J. Joachimson, Dr. Parrish, J. E. McIntyre, Esq., Clark Bell, Esq., D. C. Calvin, Esq., and others.

A paper was read by Wm. H. Gray, Esq., of the Michigan Bar, on "The Case of Gordon Bump, Tried and Convicted for Murder," who was defended by Mr. Gray, in that State.

Mr. Clark Bell, chairman of Committee on the Illinois and Michigan bills, submitted the report on the Illinois bill, signed by all the committee except Mr. Austin Abbott, who

had been prevented from acting by pressure of business engagements, which report was, after discussion, unanimously adopted by the Society. The same committee, through its chairman, reported on the proposed Michigan bill, which report was read. Drs. Parsons and Birdsall dissented from Clauses *e* and *f*, last clauses of the report, as unnecessary, which clauses are as follows:

Clause *e.—Proper legislation restricting the improper use of mechanical restraints, seclusion, and chemical restraints, and the punishment of attendants or others who maltreat or abuse the insane.*

Clause *f.—Suitable provisions for the amusement, culture, employment, and religious privileges of the insane inmates of all institutions.*

The chairman, Mr. Bell, said that in the absence of his colleagues, Dr. Parsons and Dr. Birdsall, he was at a loss to know why these provisions were objectionable or unnecessary, but that in their absence he should forbear speaking on these clauses, and asked for the acceptance and adoption of the report, except the two clauses *e* and *f*, which on motion was, after discussion, unanimously adopted.

Col. B. A. Willis then moved the adoption of clauses *e* and *f* by the Society, which he supported by remarks. After discussion, clauses *e* and *f* were unanimously adopted.

It was moved and carried that copies of these reports be furnished the Legislatures of Illinois and Michigan, respectively, also Dr. Fred. H. Wines and the State Board of Corrections and Charities of the State of Michigan.

The meeting then adjourned.

J. E. McIntyre, Esq.,
Acting Secretary.

MEDICO-LEGAL SOCIETY.

May 20, 1885. Session at Columbia College, 8 P. M.

Clark Bell, Esq., 1st Vice and Acting President, in the Chair.

The minutes of April meeting were read and approved.

On recommendation of the Executive Committee, the following members, nominated by Mr. Clark Bell, were unanimously elected:

Active.—Chas. Heitzman, M.D., 39 W. 45th Street, N. Y.; A. M. Shew, M.D., Supt. Conn. State Hospital for Insane, Middletown, Conn.; Arthur C. Betts, Esq., 12 Centre Street, N. Y.; W. B. Fleming, M.D., Supt. State Hospital for Insane, Indianapolis, Ind.; Henry W. Bates, Esq., 50 Wall Street, N. Y. *Corresponding.*—Dr. Augustin Andrade, Prof. of Med-Jurisprudence, National School of Medicine, City of Mexico; Prof. Henry M. Lyman, Chicago, Ill.; G. Varian Poor, M.D., University Med. College, London; T. D. Crothers, M.D., Hartford, Conn.; Dr. Souza Lima, Rio Janeiro, Brazil.

The Chair stated that the President-elect, Prof. R. O. Doremus, had been obliged, on account of ill health, to go abroad for rest and recreation. He was at Leamington, England, and would probably not return till after the summer vacation, and that the duties of the office of President had devolved upon the 1st Vice-President during his absence.

Communications were read, from Dr. Geo. H. Savage, announcing his paper on Insanity and Divorce, which, the Chair stated, would be read at June meeting; Dr. C. J. Cullingworth, M.D., of Manchester, enclosing his paper, which would be read at June meeting; from Prof. Dr. Glaser, Prof. Dr. Wahlberg, of Vienna, Dr. Von Buri, of Leipsig, H. Aubrey Husband, of Edinburg, announcing his intention to remove to Canada this season; Dr. W. H. O. Sankey, Dr. G. Varian Poore, Dr. Gowers, of London, Dr. De Jonge, of The Hague, Dr. Peeters of Gheel, Belgium, Dr. Souza Lima, of Rio Janeiro, Dr. John Abercrombie, of London.

Contributions of books and pamphlets to the library of the Society were acknowledged from Dr. John Abercrombie, of London, Prof. Glaser, of Vienna, Dr. Shew, of Middletown, Conn., Dr. Fletcher, of Indianapolis, Ind., Dr. Chas. F. Stillman, C. H. Hughes, M.D., and others.

The Chair introduced Dr. Charles Heitzman, who addressed the Society on "Our Present Knowledge of the Structure and Functions of the Gray Matter of the Brain."

This paper was discussed by Messrs. M. Ellinger, Dr. Parrish, J. E. McIntyre, Esq., the Chair, and was closed by Dr. Heitzman.

The paper entitled "On Absorption of Arsenic by the Brain," by Prof. R. H. Chittenden and Herbert E. Smith, was then read.

The Chair read a communication from Drs. Harvey and Hill, of Dundee, N. Y., on the case of Shotwell Ayers, who lived some years with a bullet in his brain—with results of post-mortem in the case. Dr. Stephen Smith, in commenting on this case, said such cases were very rare, but occasionally occurred, and were usually attended by mental disturbances.

The Society adjourned.

J. E. McIntyre, Esq., Assistant Secretary.

MEDICAL JURISPRUDENCE SOCIETY OF PHILADELPHIA.

The tenth stated meeting of the Medical Jurisprudence Society of Philadelphia was held on Tuesday, April 14th, at the usual time and place, Dr. John J. Reese, First Vice-President, and later in the meeting Hon. Wm. N. Ashman, in the chair.

Members: Messrs. J. L. Jones, S. P. Jones, Reese, Mills, McConnell, Morton, B. Lee, Hazelhurst, Ashman, Coggins, Livingston, Beeber, Bennett, Cadwallader, Shakespeare, Packard, Clark, Ashhurst, Andrews, Strittmater, S. S. Cohen, Lautenbach, Perkins, Leffmann, and a number of visitors.

Mr. Clark Bell, of the New York Bar, read a paper, entitled, "Should we Hang the Insane Who Have Committed Homicide?"

The paper was discussed by Messrs. Mills, Morton, and Clark.

On motion, the thanks of the Society were extended to Mr. Bell, and a copy of the paper was requested for publication.

After informal business, the Society adjourned. The discussion was as follows:

MR. J. M. CLARK:

When insanity is depended upon as a defense in a murder trial, the question always arises whether the person who committed the homicide was really insane or not. The difficulty encountered in sustaining this defense is that the mass of people have a very incorrect idea of what insanity is. They suppose that an insane man is one who cannot reason, or who cannot arrive at a correct conclusion on any subject, or who cannot, under any circumstances, act rationally. The average juryman starts with this preconceived idea fixed in his mind; yet those of us who have had the opportunity of frequent intercourse with insane people, even in an unprofessional way, know that an insane man may be as rational on very many subjects as we are ourselves, and that it is only occasionally that the fact crops out that the intellect is deranged. But the juryman, without any opportunity of having acquired this knowledge of the peculiarities that frequently accompany partial insanity, finds it difficult to believe that a man, who attends to the ordinary business of life in a rational and intelligent manner, and who makes his living, as other people do, in some regular avocation, can suddenly be seized by an irresistible impulse that compels him to commit some atrocious crime for which he is irresponsible.

But still every man who is on trial in this State charged with homicide, and whose defense depends upon the question of his sanity, has a very fair chance of having his defense impartially considered by a competent authority.

In the case referred to the Supreme Court could have

reviewed the whole matter. I do not know whether this was done, but suppose from the statement of the case we have heard that no such step was taken. It was certainly a case that should have gone up to the Supreme Court for review. The defendant, in such a case, always has the advantage of the rulings and the supervision at the trial of a learned and impartial judge. If he has been convicted by the ignorance or prejudice of the jury, it is always within the power of the judge, before whom the case was tried, to grant a new trial.

I do not know the merits of this particular case, because we have only had one side of it disclosed to us. According to the present showing, the conclusion arrived at by the jury appears to have been very erroneous. It certainly seems a very extraordinary mistake, on the part of the jury, to have convicted the defendant, after it had been proved before them that ten of his relations had suffered from insanity or idiocy, and that he had an hereditary taint of madness in his mental constitution. In former times insanity seems to have been confounded with wickedness, which fact is illustrated by a remarkable case which occurred in Philadelphia in the early part of this century.

A young man started up Chestnut street with a gun, saying that he intended to kill the first man he met. When he reached Broad and Chestnut streets, which was then in the country, he entered a tavern and saw a stranger practising at billiards. He said to him, "I will show you a better shot than that," and, discharging the gun, killed him.

The young man was tried for murder, convicted, and hanged.

This man must have been insane, and, no doubt, if he had been tried within the last twenty-five or thirty years, would have been acquitted. The question is whether we shall hang the insane who commit homicides? No humane person can answer this question in the affirmative. Self-interest will deter us from such determination.

We and our relatives and friends are as liable as others to

become insane, and under such circumstances it is impossible to say what offenses we might commit.

I do not see how the hanging of one insane man will deter another insane man from committing the same offense.

Still, too great laxity in allowing the defense of insanity to prevail would be injurious to the community.

Dr. Thomas G. Morton : I did not expect to say anything on this subject, but as Mr. Bell has spoken of the Governor of the State of Pennsylvania as being unable to appoint a commission to enquire into the mental condition of criminals after conviction, I may state that some ten years ago, Heidenbluth, a criminal, was sentenced to be executed, and doubts being raised at that time as to the prisoner's sanity, Governor Hartranft appointed a commission to report upon the mental condition of the prisoner, and without any appeal to the Board of Pardons ; the prisoner was found to be sane and was executed.

In regard to the case discussed by Mr. Bell, we have heard all that could be said of the prisoner's insanity, but I should have been glad to have heard the commonwealth side of the case, so that we might have known the reasons why the Governor issued the death warrant.

I should like to say one word more. That is in reference to establishing a hospital for the criminal insane, which has been referred to this evening. It has been lately a question with many if this would be expedient. It seems that this class of the insane should have the same opportunities for treatment that other insane have, and not to be specially congregated together as criminals. I will be glad to hear the views others have on the subject.

Dr. Charles K. Mills said : Mr. President, this subject is one in which I have long had a deep interest, and I have listened to Mr. Bell with profit and interest. The reading of this paper has opened a number of side issues in connection with the one special question which is the issue of the paper. For my own part, I wish to say that I do not believe we should hang insane people who kill.

As to whether the insane who commit homicides should be prevented from doing harm to others in the future, I have, however, a very decided opinion. I believe they should be so prevented by most stringent measures short of capital punishment. I think it even advisable in some cases, where no other proper remedy is provided, to see that such lunatics are kept within prison walls.

In this State, unfortunately—a fact of which Mr. Bell may not be aware—we have no asylum for insane criminals; and I think this is one of the greatest of our public needs. It is a subject which has frequently been called to the notice of the Legislature. I do not think that this Association could do anything that would be of more value than to begin a movement to this end. Our Penitentiary contains a large number of men who are undoubtedly insane, and who are detained there in part for the reason that no better provision for them elsewhere has been made.

The popular practical objection to persons who are insane escaping capital punishment seems to be the danger that the community may be in from them afterwards. It is said that if these people are acquitted on the ground of insanity, they are likely to be let loose again in the community, again to do deeds of violence and blood. But this is the fault of the law, or of the administration of the law, and as two wrongs cannot make a right, why commit the great wrong of hanging the insane and irresponsible?

As to the effect of capital punishment inflicted upon the insane, I have grave doubts. I have a book here which, I presume, is little known in this country. It is written by an English medical jurist, Wm. A. Guy, M.B. In this book, among other questions, the author discusses the effect of the punishment of death on the weak-minded and insane with reference to the question of crime in the future.

He selects a great number of cases in England. Taking the years following the trial and execution of these criminals, some of whom were insane, he shows the increase or

decrease of murder in the years following. That is a general statement of his plan. It is one of the methods of trying to get at a question of this sort. In this period of about thirty years murders increased in the years following executions. He also discusses the question of the effect of acquittal on the ground of insanity, and he comes to the following among other conclusions: "The figures would seem to justify the inference that neither to the sane nor to the insane class among our criminals does the prospect of long imprisonment, or detention for life in a lunatic asylum, offer any attraction or temptation; while the punishment of death (perhaps only as formerly inflicted) seems as if it might exercise a certain attraction or fascination."

We had a man hanged a year or two ago in the city, about whose sanity or insanity there was great public excitement. We have apparently had an increase of capital crimes since; the Sheriff remarked to me that if matters continued as they were he would have a man to hang for nearly every month in the year.

In the particular case of Beach, I have little doubt that a great wrong was inflicted in the execution of this man. The paper that has been read here to-night is sufficient to show this.

I certainly agree with what Mr. Bell has said with reference to juries, having watched many trials where the question of insanity was at stake. We have seen a case of this sort in this very city; five or six medical men have gone to the witness stand to show the existence of insanity with no medical opposition whatever, and yet in ten minutes the person has been declared sane.

Three or four years ago, I do not remember exactly how long, a man killed his mother in the lower part of this city under circumstances of peculiar atrocity. I was asked by the attorney who had charge of the case to examine this man, and go upon the witness stand as an expert in the conduct of his defence. It was found that this man was an epi-

leptic since his early childhood. I examined him with another physician, and at the time of examination no evidences of insanity were found. A study of the case, however, and of the manner in which the crime had been committed, showed that almost without question this man had done his dark deed during one of the attacks of mania which are known to follow or substitute epileptic convulsions; but I am well convinced that if he had ever come before a Philadelphia jury he would surely have been hanged. He saved the commonwealth the trouble of hanging him by hanging himself.

I have had the opportunity of examining the brains of five men—insane men—who have killed others, four of whom were publicly executed. There is a lack of information in the general community, and even in the medical and legal professions, as to what you would expect to find after death in cases of this kind. Mr. Bell has very well stated the matter, however, when he says that with our present methods of research we may find undoubted evidence of insanity in some cases, but in others no evidences can be found, and they may have been insane nevertheless. The evidence may not be of disease, but of defective development in form or structure.

The brain of Beach was one of the most peculiar I have ever seen. It was in rather a bad condition when it reached Philadelphia, owing to the way it was sent. It was one of the most remarkable brains, as regards the surface marking, that was ever studied. I purpose, at some future time, to present the result of the examination more fully.

It is supposed that a great number of people are acquitted on the ground of insanity; but I believe that if the facts were studied carefully it would be found that more insane people are convicted as sane, than there are sane people acquitted on the ground of insanity.

Mr. Clark Bell, in closing the discussion, said: I am very glad to learn that the previous Governors appointed com-

missions, independently of the statutes. My view is to make it the duty of the Governor by law to appoint commissions in these cases. I did not intend to present one side of the case; I have the entire evidence as it was reported in the press, but the newspapers and probably the jury were influenced by the idea that the defence had no merit and was merely an attempt to get the man off. The Judge charged fairly in many respects for the prisoner, but the jury probably were of the opinion that Dr. Beach had sufficient intelligence to know the nature and consequences of his act, and they may have held him therefore responsible. The question which is submitted here may have never entered the minds of the Judge or jury. The idea that he had an epileptic attack that morning seems not to have been discussed or suggested. Under the charge of the Judges in similar cases, the juries even in doubtful cases may convict if they believe that the accused person had enough intelligence to comprehend the nature and legal consequences of his act. They may find the accused responsible for his act even though they believe he is insane. Juries convicted in all the cases I have cited. They did not regard insanity as a defence. A man may be responsible—though insane—in the average juryman's mind, under the charges now frequently made by the Court.

MASSACHUSETTS MEDICO-LEGAL SOCIETY.

Rooms of the Boston Medical Library Association, June 9, 1885.

The eighth annual meeting was called to order at 12.15 P. M., by President Presbrey—present, 27 members.

Records of the last meeting were read and approved.

An obituary notice of Medical Examiner Pierce, of Edgartown, was read by the President.

The Treasurer's report was read and accepted.

Medical Examiner Tower, chairman of the committee

having in charge the bill now before the Legislature for certain changes in the law of Medical Examiners, reported that the bill is favorably considered by the committee in charge. Remarks upon the bill were made by Medical Examiners Draper, Harris, and Lynde.

Resolved, upon motion of Medical Examiner Harris, that section seven of the bill affords no further protection to the Commonwealth than is obtained by the provisions of the present law. Voted, that this resolution be referred to the committee having the amendments in charge to bring before the Legislature.

On motion of Medical Examiner Hartwell, the President appointed Medical Examiners Hartwell, Draper, Mead, Gleason, and Hitchcock, a committee of five to retire and prepare a list of nominees for officers for the ensuing year.

The committee reported the following list:

President—F. Winsor, M.D., of Winchester.

Vice-President—J. G. Pinkham, M.D., of Lynn.

Treasurer—C. C. Tower, M.D., of South Weymouth.

Corresponding Secretary—J. L. Sullivan, M.D., of Malden.

Recording Secretary—W. H. Taylor, M.D., of New Bedford.

Standing Committee—Medical Examiners Draper, of Boston; Gleason, of Rockland; and Holt, of Cambridge.

Medical Examiner Sullivan declined the nomination of Corresponding Secretary, and Medical Examiner Hartwell, of Ayer, was nominated for that office. The list was then adopted by the Society.

The President acknowledged receipt of the Transactions of the Philadelphia College of Physicians, 3d series, Vol. VII.

Voted, that the thanks of the Society be extended to the donor, and that copies of the Transactions of this Society be sent to the Philadelphia College of Physicians.

President Presbrey introduced President-elect Winsor to the society, with remarks and comment on the progress of

the society during his presidency, and with thanks to the society for its courtesy during that period.

Medical Examiner Draper introduced discussion by a very interesting paper on Death by Drowning. The paper was discussed at some length by members Holt, Gleason, Johnson, Adams, Bemis, Harris, Tower, Mead, Presbrey, Sullivan, and others.

Medical Examiner Tower reported a case of drowning having peculiar appearances.

Medical Examiner Sullivan read notes of autopsies on two cases of drowning.

Medical Examiner Presbrey related a case of drowning in a small stream of water from melting snow, the subject being upon high land, away from any constant pool or stream.

Voted to adjourn.

W. H. TAYLOR,
Recording Secretary.

EDITORIAL.

THE EARL OF SHAFTESBURY AND THE ENGLISH LUNACY BILL. —The resignation of the Earl of Shaftesbury from the chairmanship of the English Lunacy Commission since our last issue, is a painful surprise to his American friends, who have watched and admired his course for the better part of the last half century. No more conspicuous name can be found in that great forward march in lunacy reform in England, (which the last thirty years has witnessed), than this grand one, identified as it has been with every step by which the British asylum management has risen from the "Bedlam" of the past to the nobler standpoint of to-day.

It is difficult for Americans to understand how he can make judicial sanction for commitment, which has been for years the real basis of commitments in most American States, the reason of his dissent from the action of the Government in framing and urging the new lunacy statute.

That principle we have had for many years substantially everywhere conceded, as the only safeguard to the liberty of the citizen as well under Magna Charta, as the American Constitution framed under the spirit of the same instrument. The two countries walk by unequalled strides towards a common end. That which grieves the noblest of the friends of lunacy reform there, has been long ago conceded here; while lunacy board supervision of asylums, enforced constant and thorough inspection and supervision, which England has enjoyed, we have yet to gain through strong opposition and much of intense labor and effort.

Whatever may be the fate of the new measure, and whoever may succeed to the seat he has so long and so ably

filled, none will for a moment question that in deciding who has done most for the true amelioration of the care, condition, and treatment of the insane in Great Britain in the nineteenth century, none will be found more conspicuous, more honorable, or more noble than that true, tried, firm friend of the insane and of true lunacy reform, the Earl of Shaftesbury.

Medical and Chirurgical Faculty of Maryland and Medical Jurisprudence.

At the annual session, Dr. J. S. Conrad made the report from the section on medical jurisprudence and psychology, reading a paper on insanity, and claimed that the decade from 1870 to 1880 by the census showed for the whole country an increase in the insane of 155 per cent., as against the increase of population of 30 per cent. He urged the necessity of medical education on this branch, and claimed that an M.D. who had not studied the subject was not competent to speak as to insanity or brain disease.

Dr. Conrad replied to statements of a Mrs. Packard, who had claimed before the session that a large number of insane persons were confined in asylums in the State of Maryland who were perfectly sane. Dr. Conrad doubted the statement, citing cases of several who had been discharged on habeas corpus, who had committed acts of violence. Dr. Gundry favored free postal facilities for insane patients, stating that for twenty-five years his patients had received their letters unopened—except there was occasional patients whose letters should not be permitted to be sent out without supervision.

Dr. Conrad is reported to have claimed that there were 400,000 persons in this country either insane or in institutions for insane. He does not give the sources of his information, and is undoubtedly in error as to the fact, as well as to apparent increase of insanity.

We are glad this Society has this section, and trust the day not far distant when every State medical society and association of the Bar shall have a section or committee on medical jurisprudence.

We see that Dr. R. J. Patterson, of Batavia, Ill., made the report on insanity at the thirty-fifth annual meeting of the Illinois State Medical Society, held May 19th and 20th, 1885, at Springfield, Ill., but we have not seen a copy of his paper.

The Statue to Pinel.

We learn by the *Progres Medical* that the Societe Medico-Psychologique will inaugurate the statue to Pinel on the 13th July next, which will be set

up in the Place de la Salpetriere and presented by that Society to the city of Paris.

M. Dagonet, the President, will make an address. M. Le Grand du Saulle, secretary of the Committee of Erection, will make the formal presentation to the city, which will be represented by the Prefet de la Seine. M. Ritti, Secretary-General, will pronounce an eulogy upon Pinel. It is expected that addresses will be made by official representatives of the Academy of Medicine of Paris, the Academy of Sciences, the Faculty of Medicine, and other bodies of which Pinel was an illustrious member. At the close of the fete a banquet will be given by the Societe Medico-Psychologique of Paris.

M. Brouardel.

This distinguished man has been recently decorated by the French Government with a promotion to grade of Commander of the Legion of Honor. The event was celebrated by a grand banquet at the Café Riche on 25th April last, at which Dr. Girard (of Grenoble) presided, and where MM. Cornil, Motet, Labbe, and Descourt made complimentary speeches upon the services rendered to forensic medicine by M. Brouardel.

Dr. Giles de la Tourette, in the name of those who had studied under him, paid an eloquent tribute not only to the value of his labors to medical jurisprudence, to the part he played in establishing the Morgue, but to his popularity and excellence as a man and the brilliant lustre of his great name in France and throughout the world. Great enthusiasm marked all the speeches, and the promotion was received in Paris, as it will be everywhere, with lively satisfaction.—*Le Progres Medical.*

Iowa Medico-Legal Society—The Iowa *State Medical Reporter*, in a recent issue, proposed the organization of a Medico-Legal Society in that State, urging both the legal and medical professions to co-operate in the movement. In a later number the same journal states that the suggestion has met with much general approval through correspondence.

We should be glad to see such an effort successful, and shall take a deep interest in the society, if one is formed. Forensic medicine is receiving greater attention than ever from the medical profession, and the Bar of Iowa, if properly interested in such a society, would, we feel sure, do its share in its scientific labors. We shall watch the movement with interest, and will gladly open our columns to its transactions.

Power of Superintendents to Discharge Employees.—The Chicago *Medical Journal and Examiner* concludes an able article on the four recent destructive fires in Insane Asylums in Illinois, Indiana and Pennsylvania, and claims, that the Medical Superintendents in asylums should have full power to discharge insubordinate employees, suspend assistants, &c. It strongly urges that the tenure of office in such cases should depend only upon the skill and fidelity of service. This should, of course, be regulated by law, and as a principle in asylum management, should, we think, receive universal assent.

Dr Geo. A. Tucker.—Lunacy in Many Lands.—We have received from Dr. Tucker an abstract of his report, presented to the Government of New South Wales, of his visitation and inspection of about four hundred lunatic asylums, in various countries of the world, during the years 1883, 1884, and 1885, which we hope to see printed in full, as it certainly is the most complete and elaborate report and inspection we have ever seen, and no one has had such opportunities as has Dr. Tucker, and his report can be relied upon as authentic.

Dr. Tucker, it will be remembered, visited the asylums in nearly every American State and in the Canadas and British Islands, receiving courtesies from the governors of the States and other executive officers, which opened our asylums for his visits.

We have only space to notice a few of the very important statements of Dr. Tucker:

1. *Visitation and Inspection.* We quote:

Generally speaking, the official visitation of Asylums is open to three objections—(1) the visits are not frequent enough, (2) they are made at stated times, and (3) the inspection is not sufficiently minute. In regard to the second of these objections—it is of the greatest importance that the official visits should be without notice or warning of any kind. The object of the inspection is to ascertain the normal condition of the Asylum, but it is too often the case that the inspection is merely the occasion of a special display.

which must of necessity be misleading and delusive if it is taken as representing the every-day condition of the institution.

In my opinion, non-official visitation and inspection are at least equally important with the official. Asylums should be more freely open to inspection by the medical profession and the public of all classes. They should, at all reasonable times, be accessible to the friends of the patients, and the representatives of the press.

2. *Admissions.*

It is obviously desirable that, while, on the one hand, facilities should be afforded for the ready admission of patients into Asylums, great care should be taken, on the other, that those facilities are not abused by designing persons, and that the liberty of the subject is not improperly invaded. Whatever other precautions are taken—as trial before a judge, &c.—there ought to be a better regulation of the system commonly followed of having two medical certificates of insanity. Recent disclosures have painfully shown that this duality of certificates is no guaranty that two independent medical opinions are formed as to the condition of the supposed lunatic, and that further securities are required against the contingency of one of the certifying doctors being in any way unduly influenced by the other. This might be prevented by a provision not only that each medical man should examine the supposed lunatic separately, and report independently, but that it should be esteemed a misdemeanor to interchange views as to the condition of the subject, or communicate to one another the contents of their respective certificates, before reporting the results of their examination, that is, pending the inquiry into the condition of the supposed lunatic.

3. *Scientific Research.*

In very few Asylums have I found the means supplied or even the inclination evinced to make microscopical and pathological research, or any other attempt towards establishing facts for future guidance in the treatment of diseases of the brain and nervous system. * * *

In Great Britain, there is only one institution which has a special pathologist, and for the rest there is absolutely no work going on for the scientific study and treatment of insanity. * * * In the American asylums, and also in many parts of Europe, the proportion of medical assistants to patients is very much higher than in British Asylums, and every assistant is expected to follow up some line of pathological or other research. And surely this is the proper course, if insanity is to be treated as a disease and asylums are regarded as hospitals, and not merely as places of detention or prisons.

4. *Restraints.*

The forms of mechanical restraints used in asylums are largely dependent upon the taste and ingenuity of the Superintendent, and in some instances are as varied as they are cruel. The fact that in numbers of institutions absolutely no restraint is used, and even mere seclusion rarely resorted to,

proves conclusively that restraint is unnecessary under proper conditions—that is, where the individual care, comfort and treatment of the patients are properly attended to, and where the insane are regarded not only as sick people, but as people having equal legal and moral rights with their more fortunate fellow-subjects outside. * * *

Cages, iron chains, handcuffs, hobbles, straps, crib beds, and fixed chairs, are common modes of restraint for patients, who, being afforded no means of occupation, or diversion for mind or body, naturally become noisy and troublesome. The bath, either shower or immersion, is a favorite means of tranquilizing excited patients. In the cupboard shower bath the patient is subjected to a continuous downpour of water, and this, in some cases, as a punishment at the option of the attendants, without the sanction of a medical officer. In the covered hot bath, the head alone protruding, the patient is confined, unable to move, from one to twelve hours at a time, and in many instances unattended, at a temperature of 34 degrees of centigrade, often with cold water dripping on the head.

This, I have been gravely but rather needlessly informed, was not adopted as a medical means of improving the patient, but simply to quiet and subdue him for the time being.

In one Institution I saw 215 women in various modes of restraint—camisoles, wristlets, straps, &c.—secured upright to racks round the day rooms. In another there were 43 women in box beds, ironed hand and foot, and extended in spread-eagle fashion, at three in the afternoon. (See Reports for many other instances of cruel and wholesale restraints.)

All such brutal practices should be discountenanced, and, if necessary, stamped out by law. Pleasant surroundings, occupation, and adequate individual attention and treatment, are effective substitutes for restraint.

5. *Complaints of Patients.*

There can be no valid objection to affording every facility to patients to relieve their minds by the exercise of the right of free complaint; on the contrary, the existence of such a right suggests many advantages. As a means to this end, writing materials should be accessible to the patients at least once a week and locked-up letter-boxes, the key of which should be in the possession of the commissioner of the district, should be freely accessible to the patients without official interference of any kind. It should be the duty of the Commissioner to read and forward all letters of the patients so deposited by them, or to send them to the minister of the Lunacy Department with an endorsement of the reasons for not forwarding them as addressed.

Woman's Work and Influence.

I have found that the employment of lady physicians for the treatment of the female insane is attended with many beneficial results. One of these is that the lady physicians commonly set an example of neatness and order

which soon becomes adopted on the male side, and a wholesome emulation is thus set up, highly beneficial to the institution and its inmates. But perhaps the most important benefit arising from the presence of lady physicians in the asylums is that the female patients suffering from diseases peculiar to women, have, in their lady medical attendant, a friend and confidante who can listen, comprehend, and sympathize with their distressed sisters, and when necessary have personal examinations without causing pain to refined feelings or producing or strengthening delusions which too often occur in the case of male physicians, especially when they are young men or mere boys. These views have been confirmed by the medical Superintendents, in reply to my questions, in institutions where lady physicians are employed. Such institutions are chiefly confined to America and Russia. * * *

This influence is also distinctly visible, in valuable results, where women are employed in the men's wards to superintend the general household work, the bed making, &c., and to see that the patients are properly and tidily dressed. There their presence imparts a home-like character to the wards, and, if they are the right kind of women, their tastes and instincts supply many little home-like and inexpensive additions to the surroundings of the patients, enhancing their comfort and contentment, and consequently conducive to their recovery.

In only one case was I informed that a male patient had overstepped the boundaries of propriety, by making use of improper language in the presence of the female attendant.

We commend these thoughtful recommendations to the Superintendents of Asylums and all who take an interest in this unfortunate class, as the judgment of an asylum superintendent who has had a larger experience in visitation and inspection than any man of our day, embodied in the form of a Report to the Government of New South Wales, and which we trust will bear good fruit throughout the civilized world.

Medical Jurisprudence and American Medical Association.—It is an extraordinary fact that medical jurisprudence is not represented in the American Medical Association. Dr. J. N. Quinby, of Jersey City, from the Committee on the Address of the President, who made that subject prominent in his inaugural, moved that a section on forensic medicine be formed and the statutes amended for that purpose. This will be acted upon next year, and we presume favorably.

Apropos of this, in the International Congress we observe no section on forensic medicine, and in the formation of the Committee on Nervous and Mental Diseases, while well known and able names from Philadelphia and other places are upon it, the absence of prominent physicians of this specialty from the city of New York is marked and extraordinary.

President R. O. Doremus and Cremation.—We have received the following letter from our President, whose health, we are glad to learn, is much improved, and who is now sojourning with his family in Leamington, England. We echo the universal wish of our members, that his voyage and rest from all work for the past few months, prolonged through the summer vacation, may completely restore his health, and that we shall be able to welcome him home in the autumn, greatly benefited by his trip, to resume the presidential chair of the Medico-Legal Society:

Leamington, England, May 16th, 1885.

My Dear Friend: Many thanks for your kind remembrance of me in favoring the expatriated one with two letters, the last dated May 5th. I am delighted to hear the good news from the Medico-Legal Society. I shall call on some of our foreign members in London and other places. How would the following, which is partly medico-legal, do to read at one of the meetings:

I saw in the London *Times* of April 24th an account of Sir Spencer Wells' address before the Cremation Society. (Dr. Wells' marble bust was presented to the New York Academy of Medicine by its late President, Dr. Fordyce Barker, who is one of our Permanent Commission.) In the absence of the Earl of Shaftesbury, Sir Lyon Playfair, M.P., took the chair. In his opening remarks he stated: "Cremation has been declared to be legal by judicial authority."

The curious coincidence to which I wish to refer is in relation to a part of Sir Spencer Wells' lecture.

"As to burial within our churches, abbeys and cathedrals, he asked them to consider for a moment what incalculable advantages cremation would give over the present system of incasing the dead body in lead and oak, and leaving it beneath the floor, where priests and people attending public worship were exposed to more or less danger for months or years from the poisonous emanations which must escape so long as more than the dry bones remained. Last Saturday the late Lord Mayor was left in

the crypt of St. Paul's, his body to undergo slow decay, with what amount of injury to dean and chapter, or to successive congregations, no one could tell. It might be small, it might be great, but dangerous it must be. Supposing that instead of placing the coffin in the crypt, at the same part of the burial service it had been passed into a crematory chamber and the remainder of the service had followed. By the time the funeral oration, or one of those eloquent sermons with which Canon Liddon kept congregations spellbound for an hour, was over, and the concluding hymn had been sung, or the 'Dead March' had been played, the silvery-white pine ash, which after one short hour was all that remained of a purified body, perfectly inoffensive to the living, might be left unchanged for centuries in any such cinerary urn as might be seen in the British Museum, beautiful in form, and with inscriptions which as historical records were incalculably more permanent than anything of modern fashion.

"What might St Paul's and Westminster Abbey be if, instead of the coffins, with their corrupting contents, occupying large space, and a source of danger to the living, we had the ashes only admitted, arranged in the urns along the sides of the cloisters or in chapels or crypt, or beneath memorial windows, slabs, or brasses."

I wrote to Sir Spencer Wells that in the memoirs of Marie Antoinette, by Madam Campan, which I was reading when I saw the account of his lecture, I found the following statement:

"The wife of the Emperor Joseph II. was taken from him in a few days by an attack of small-pox of the worst kind. Her coffin had recently been deposited in the vault of the Imperial family.

"The Archduchess Josepha, who had been betrothed to the King of Naples, at the instant she was quitting Vienna, received an order from the Empress not to set off without having offered up a prayer in the vault of her forefathers. The Archduchess, persuaded that she should take the disorder to which her sister-in-law had just fallen a victim, looked upon this order as her death-warrant. She loved the young Archduchess Marie Antoinette tenderly; she took her upon her knees, embraced her with tears and told her she was about to leave her, not for Naples, but never to see her again; that she was then going down to the tomb of her ancestors and that she should shortly go again, there to remain. Her anticipation was realized; a confluent small-pox carried her off in a very few days, and her youngest sister ascended the throne of Naples in her place."

Dr. Wells replied: "Many thanks for the interesting notice you sent. It is quite new to me, and I will make good use of it. I send you a pamphlet which may interest you."

The pamphlet contained an article by Sir Henry Thompson, F.R.C.A., "On the Treatment of the Body after Death," also a paper entitled "Cremation or Burial," by Sir T. Spencer Wells, Bart., late President of the Royal College of Surgeons, and the charge of Sir James Stephen, in which the justice expresses his opinion on the law of cremation.

I will send you the interesting pamphlet for the Medico-Legal Society after I have shown it to Dr. Barker. We hope to welcome him in Leamington by the end of next week.

I regret I have been unable to occupy the presidential chair of the Society, but perhaps I may be of service while abroad, and I am sure I could not have left it in better hands than yourself and Judge Calvin.

Please present my kindest regards to him and and to the members of the Medico Legal Society. Yours most cordially, R. Ogden Doremus.

To the Hon. Clark Bell.

Medico-Legal Society of France.

The *Progres Medical* reports that at the session of the Medico-Legal Society of France, held at the Palais de Justice in the Hall of Reference, on May 11, 1885, at 4 o'clock P. M., M. Danet read a paper on "Reasons for the Frequent Acquittals in Criminal Courts." M. Le Blond made a report upon the work of M. Garnieu, on "The Hermaphrodite." M Brouardel "Reported a Case of Infanticide by the Mother," also made a report from the "Commission on Jurisprudence," and M. Vibert made a report upon the presence of albumen in the urine of the dead.

Victor Hugo.—Since the death of Voltaire, France has paid no such tribute to the remains of any of her public men as she did to those of her great poet, philosopher, and humanitarian, Victor Hugo. In the words of Mr. Floquet, "It was not a funeral at which France attended, it was an apotheosis." As a poet, he was the great interpreter of nature; as a philosopher, he penetrated the depths of the human soul, and where his reason was barred by the limitation of man's finite nature, his poetic instinct broke through the barriers and revealed the ineffable Deity and man's incomprehensible immortality; as a humanitarian, he explored the lowest depth of degradation and misery, and pointed out the inextinguishable spark of Divine descent, by which the fallen may be reclaimed and restored to their pristine glory. He stood in the fore-rank of those who fought for the priceless rights of humanity, its progress and delivery from the shackles that keep it confined within the narrow cells of social custom and tradition. His pen was never more eloquent than when denouncing the abuses and oppressions of despotism, and his words never

more persuading than when pleading the cause of humanity. One of these pleas will stand forever as an arraignment of that practice which society still retains, on the plea of necessity—capital punishment—but which will disappear with the sun of progress, when bursting forth and illuminating the human conscience—banishing forever such relicts of barbarism as slavery, the punishment of those whose reason is tainted with disease, or taking the life of a human being whose soul belongs not to us, but to the great Dispenser of human life. Like Shakespeare, Goethe, and Dante, a child of the country in which he saw the light; like these, his genius belongs to the world; he was a teacher of humanity, and as such he will forever shine as one of the great orbits that shed their refulgent light upon the path of progress and enlightenment.

Medico-Legal Society, Its Success and Progress.—The increase in the membership of the Medico-Legal Society is beyond our expectations, as is the increase of the circulation of the Medico-Legal Journal, and its flattering recognition at home and abroad. The exchange list has been very greatly enlarged during the present year, and it is with regret that we are obliged to decline the many recent applications for exchanges from journals purely medical—quite beyond our ability to accept. We append a list of the active and corresponding members who have united with the Society since January 1, 1885.

ACTIVE MEMBERS.

Dr. Jennie McCowen, Davenport, Ia.
Dr. Ira Russell, Winchenden, Mass.
Christopher Fine, Esq., New York.
Dr. R. Percy Crookshank, St. John, N. B.
Edward J. McGuire, Esq., New York.
Gen. Richard Busteed, New York.
Richard Busteed, Jr., Esq., New York.
Dr. F. E. Cruttenden, Des Moines, Ia.
Frank G. Ogston, M.D., Aberdeen, Scotland.
Dr. D. H. Boardman, Atlantic City, N. J.
N. A. Drake, M.D., Kansas City, Mo.
Ed. J. Messemer, M.D., New York City.
Chas Heitzman, M.D., New York City.
A. M. Shew, M.D., Middletown, Conn.

ACTIVE MEMBERS, *Continued.*

HENRY BATES, ESQ , New York City.
ARTHUR C. BETTS, New York City.
WM. B. FLETCHER, M.D., Indianapolis, Ind.
W. W. LAMAN, M.D.. New York City.
GEO. R. PHOEBUS, ESQ , New York City.
SAMUEL D. SEWARDS, ESQ., New York.
J. CHRISTISON, M.D , New York.
A. STERLING PENNINGTON, ESQ , Baltimore, Md.
L. W. BAKER, M.D., Baldwinsville, Mass.
DR. FRANK H. INGRAM, Canandaigua, N. Y.

CORRESPONDING MEMBERS.

DR. J. E. BENTZEN, Christiana, Norway.
DR. JOHN CURWEN, Warren, Pa.
DR. ED. M. PEREZ, Buenos Ayres, S. A.
PROF. F. POLLOK, London.
MATTHEW EDWARD HEARN, Q. C., Quebec, Canada.
PROF. MAX LEIDESDORF, Vienna, Austria.
DR. E. BLANCHE, Paris, France.
B. C. INGELS, M.D., Ghent, Belgium.
DR. M. VON BURI, Leipzig, Germany.
W. R. GOWERS, M.D., London.
PROF. H. HEIBERG, Christiana, Norway.
DR. JOAQUIN G. LEBREDO, Havana, Cuba.
DR. VICTOR DESGUIN, Antwerp, Belgium.
DR WM. C. WILE, Sandy Hook, Conn.
DR. AUGUSTIN ANDRADE, City of Mexico.
PROF. HENRY M. LYMAN, Chicago, Ill.
PROF. G. VARIAN POORE, London.
DR. T. D. CROTHERS, Hartford, Conn.
DR. SOUZA LIMA, Rio Janeiro.
DR. RAFAEL ULECIA, Madrid, Spain.
DR. JAS. A. GRAY, Atlanta, Ga.
DR. LANDER B. EDWARDS, Richmond, Va.
DOMINICK DALY, ESQ., Birmingham, Eng.

THE CANNED GOODS BILL.

Chapter 269, Laws of 1885: An act in relation to canned or preserved food; passed May 12, 1885, three-fifths being present.

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

SECTION 1. It shall hereafter be unlawful in this State for any packer of or dealer in hermetically-sealed canned or preserved fruits, vegetables or other articles of food, to sell or to offer such canned or preserved articles for sale for consumption in this state after January first, eighteen hundred and eighty-six, unless the cans or jars which contain the same shall bear the name, address and place of business of the person, firm or corporation that canned or packed the articles so offered, or the name of the wholesale dealer in this State who sells or offers the same for sale, together, in all cases, with the name of the State, county and city, town or village where

the same were packed, plainly printed thereon, preceded by the words "packed at." Such name, address and place of business shall be plainly printed on the label, together with a mark or term indicating clearly the grade or quality of the articles contained therein.

SEC. 2. All packers of and dealers in soaked goods, or goods put up from products dried or cured before canning, shall, in addition to complying with the provisions of section one of this act, cause to be plainly branded on the face of the label in good legible type one-half of an inch in height and three-eighths of an inch in width the word "Soaked."

SEC 3. All goods packed prior to the passage of this act, and all goods imported or to be imported from foreign countries of foreign manufacture, are exempted from the provisions of this act.

SEC. 4 Any packer or dealer who shall violate any of the provisions of this act shall be deemed guilty of a misdemeanor, and punished by a fine of not more than fifty dollars for each offence in the case of retail dealers, and in case of wholesale dealers and packers by a fine of not less than five hundred dollars nor more than one thousand for each offence. The terms "packer" and "dealer," as used in this act, shall be deemed to include any firm or corporation doing business as a dealer in or packer of the articles mentioned in this act. It shall be the duty of any Board of Health in this State cognizant of any violation of this act, to prosecute any person, firm or corporation which it has any reason to believe has violated any of the provisions of this act, and the court or officer receiving the fine under any conviction under this act, after deducting the costs of trial and conviction, shall pay the same over to the Board of Health prosecuting the case. In case such offence is not prosecuted by any Board of Health, the fine received shall be disposed of in the manner now provided by law.

SEC. 5. The provisions of this act shall not apply to canned or condensed milk or cream.

SEC. 6. This act shall take effect January 1st, eighteen hundred and eighty-six.

This act is open to grave legal objections. We doubt if sections 2 and 3 will receive judicial sanction. They seem to be unconstitutional. Section 2 makes provisions for *soaked goods*, and as the bill is framed, would apply only to manufacturers and dealers in *this State*, and for goods sold for *consumption in this State*.

Under this bill manufacturers could omit the label "Soaked" on goods to be sent out of the State, and manufacturers out of the State could send them here to consumers for consumption without the label required by the act.

It discriminates against our own manufacturers as to con-

sumption in the State, and permits our manufacturers to sell and ship goods without the label for consumption out of the State, that under the spirit of the bill should have the label, thus inflicting a wrong on consumers in our sister States.

Section 3 permits foreign manufacturers to sell for consumption in this State without the label, thus discriminating against our own in favor of foreign manufacturers, at the expense of consumers. If the principle of thus labelling goods is commendable for the protection and good of consumers, it leaves them unprotected so far as foreign manufacturers are concerned, and we see no provision in the bill to prevent manufacturers in other States selling and shipping direct to consumers within this State canned goods without the labels required of our manufacturers.

This bill is a conspicuous example of careless legislation, and appears to have been the result of a compromise of differences existing between manufacturers and dealers themselves, in which one party sought special legislation in favor of certain manufactures or brands at the expense of others, and to interfere with the large trade built up by enterprising dealers in particular and favorite brands.

The consumer seems to have been entirely non-represented and ignored in this legislation, and we predict that it will so prejudicially affect the trade that both manufacturers and dealers who consented to its passage will insist upon its repeal.

If any evil exists in regard to this industry requiring legislation, it should be regarded solely in the interest of the consumer, and not addressed to the fostering of one manufacturer or dealer at the expense of another.

Report of Committee on Canned Goods.

As we go to press we receive the report of the select committee of the Committee on Canned Goods, submitted to the Medico-Legal Society at its June session.

The resolutions submitted by the report were unanimously adopted by the society, and the committee were con-

tinued, and instructed to make a complete examination and report upon the whole subject.

REPORT.

To the Medico-Legal Society of the City of New York:

Your committee on canned goods beg leave to report:

That they have held several meetings, both at the residences of the members and at various establishments for the putting up of canned goods in this city. That they have carefully considered such testimony as has been offered for their consideration, and have personally and collectively inspected as many processes of canning provisions as circumstances would permit, and that they have thought best to embody their report in the following resolutions, viz.:

Resolved, That it is the sense of this committee that the scope of this committee's inquiry includes the entire subject of canned goods, and not simply the certain paper lately read before the Medico-Legal Society by Dr. Johnson.

Resolved, That this committee has not been able to summon sufficient testimony before it to enable it to report that the present system of canning goods is either careless, incompetent, or dangerous to life.

Resolved That this committee cordially approves of so much of the statute lately made a law by this State as directs that manufacturers of canned goods put their name upon their products.

Resolved, That this committee respectfully ask to be continued, in order to hear further evidence, and consider this subject further and more completely.

(Signed) CHARLES A. DOREMUS, *Chairman*,
APPLETON MORGAN,
J. A. IRWIN,
J. C. THOMAS,
Majority of Committee.

THE ANTWERP CONGRESS OF PSYCHIATRY.—The Medico-Legal Society, at its June meeting, elected the following delegates to the Antwerp Conference of the Societe de Medicine Mentale de Belge, with authority to each delegate to name his alternate in case of his inability to be present:

Prof. R. O. Doremus, Clark Bell, Esq., Prof. Fordyce Barker, Hon. Guy H. McMaster, John Dwyer, M.D.

The Acting President was authorized to appoint additional delegates in case members intended visiting Europe in August next.

TOXICOLOGICAL.

Canned Goods Poisoning.—Complaints have been made by the manufacturers of canned goods that the action of this journal in publishing the paper of Dr. J. G. Johnson, read before the Medico-Legal Society, has worked serious injury to this important branch of our national industry by the apparently implied assent of the society and journal to the opinions of the author of that paper. We have more than once stated, and now repeat, that this journal assumes no responsibility for articles published in it over the signatures of the authors. Further, the Medico-Legal Society neither endorses nor assents to statements or opinions contained in the papers read before that body. In this case the leading propositions of the paper were fully controverted by the representatives of the trade when the paper was read, and the apparent want of practical knowledge of the subject by the author, freely stated and fully explained by the manufacturers present. Subsequent articles by distinguished chemists at home and abroad, published in our columns, showed, as was claimed by Dr. Stevenson, of London, that Dr. Johnson "*had failed to grasp the chemistry of the subject upon which he attempted to write.*" This journal would regret any action that would do injustice to this important industry. It has not endorsed Dr. Johnson's views, nor is it probable that any chemist of position will do so, or that the Medico-Legal Society will ever concur in his suggestions or recommendations.

The enormous interests involved in the manufacture of canned goods have as much at stake in perfecting every department of their work as have the consumers. It is a fact of absolute notoriety that extreme care and precaution are taken in the canning of goods, and it is a matter specially to be noticed that of the millions upon millions of cans that are annually sold in this country, thus far not a single prop-

erly authenticated fatal case of poisoning from these goods has been detected. This is a conclusive answer to the sensational newspaper articles that have lately occasionally appeared.

While this journal radically differs with Dr. Johnson in his premises and conclusions, and while scarcely any one in the Medico-Legal Society, so far as we know, seems inclined to accept the peculiar views and conclusions of his paper, it was eminently proper that the Medico-Legal Society should allow Dr. Johnson to give his views upon the subject as an original contribution under the author's name.

Dr. Cyrus Edson on the Canned Goods Scare.—Through the courtesy of Mr. Appleton Morgan, Secretary of the Committee of the Medico-Legal Society upon Canned Goods, we publish a letter from Dr. Cyrus Edson, of the Sanitary Bureau of the Health Department of the City of New York, to Mr. David Hunt, Chairman of the Canned Goods Committee of the Mercantile Board of Trade, and by him submitted to the Committee of the Medico-Legal Society :

Health Department Sanitary Bureau, No. 301 Mott Street,
New York, May 6th, 1885.

Mr. David Hunt:

Dear Sir: In reply to your question concerning my opinion in regard to the canned goods scare, I would state that the scare in question is quite without foundation in fact, and is due entirely to sensational newspaper articles.

Since my connection with this department I have not received a single complaint against canned goods, which careful investigation proved well founded. I will put it even stronger : I have never seen a single case of alleged canned goods poisoning which careful investigation did not completely refute.

I do not believe that preserving food in hermetically sealed tins in any way renders it less wholesome than it would otherwise be, provided, of course, that the preserving is properly done.

Yours very truly,
Cyrus Edson.

This is important evidence from a very zealous and effective public official, who is bound to correctly advise the public, if any occasion really existed, for apprehension or distrust of canned goods, as a popular diet.

JOURNALS AND BOOKS.

Mico-Chemistry of Poisons, by Theo. G. Wormley, M.D., LL.D. (J. B. Lippincott & Co., Phila.) 1885. 784 pp.

The second edition of Dr. Wormley's work, just issued, is a superb contribution to this interesting subject, and the additions made are of great importance in their relation to medical jurisprudence. Among the more prominent is an elaborate appendix, on the nature, detection and microscopic discrimination of blood, a chapter on poisoning by potassium chlorate, post-mortem diffusion of aconite, arsenic in manufactured goods and in drugs; the nature of Ptomaine's, Jervine and Dragendorff's method for the recovery of vegetable principles, with additions of new cases, which make the work one of great value to the medical jurist, or to any student of chemistry or of toxicology.

The appendix on blood deserves special notice. It treats of its general nature and properties, its identification, chemical tests, of heat, ammonia and guiacum. It explains the optical properties of blood and their relations to detection of stains, &c.; defines the corpuscles of oviparous and mammalian blood, and shows how to apply and use the microscope in determining between them; and is interesting and valuable in its tables of the blood of various animals and fishes, with the full advance of science in this domain of microscopic examinations. The collection of plate engravings illustrating this appendix is very fine and successful, being 16 in number, and six on a page.

The chapter on the absorption of arsenic, when injected by the mouth or rectum after death, is an important one in a medico-legal sense. In cases of suspected poisoning,

when the wife dies with strong symptoms of arsenical poisoning, and the husband, who is not at the time suspected, under the pretence of preserving the body, has a solution, filling the abdominal cavity after the autopsy, it becomes a nice question to determine whether the patient died from arsenic previously administered, or from natural causes.

The authorities here seem to be divided upon this subject, and in the Michigan case the experts were equally divided (case cited in *Journal Amer. Med. Ass.* for 1883, the examinations being made by Prof. A. B. Prescott).

This will remain a very nice question for research, as to whether science can demonstrate whether the arsenic was taken before death and contributed to it, by the manner of its absorption and distribution in the system, and what, if any, defined differences can be found in the cadaver when death resulted from poison taken during life, rather than from the arsenic subsequently injected, by mouth or rectum, or directly into the abdominal cavity or the main arteries.

The inorganic poisons are separately classified, described, and treated in the first part, and the vegetable poisons in the second part; and the whole work is one of the best we have seen on the subjects of which it treats.

Prof. Wormley is entitled to the thanks of the profession for the thoughtful care and labor he has given to the subject, and it is in such form that the shelves of any lawyer or physician's library will hold it as a companion to the standard toxicological works for ready use and reference.

Increase of Insanity in California.—Dr. W. H. Mays, Assistant Physician, State Asylum for the Insane, at Stockton, California, contributor to the *Pacific Medical and Surgical Journal*, claims, and gives statistics to sustain his view, that insanity is on the decrease in California. He quotes the ratio of the insane to population, as follows: 1876—1 to 950, 1879—1 to 1,100, 1882—1 to 1,250, 1884—1 to 1,300.

Dr. Mays also strongly advocates less expensive asylums

for the insane, instancing the Illinois Eastern Asylum at Kankakee, which, under the detached style of building, was only $664 per patient.

The Stockton Asylum cost only $450 per patient, not including cost of ground—which he places in contrast with Dr. Ray's opinion, in 1878, that $1,000 to $1,200 per patient was a fair estimate of necessary cost; with the Warren, Pa., Asylum costing $1,500 per patient; the Danvers, Mass., Asylum costing $3,600 per patient, and with the Napa, California, Asylum costing $1,500 per patient. Dr. W. W. Godding, Superintendent of the Government Hospital for the Insane, at Washington, D. C., strongly favors the economical plan of buildings for the insane. Altkins Hall, the Relief Building, and the Home Extension, these are samples of such buildings. Dr. Godding claims to have built very good accommodations at $250 per patient; a good barrack accommodation as low as $125 per patient, and the Home Extension at a cost of $400 per inmate.

Books and Pamphlets Received.

Medical Jurisprudence. By John Abercrombie. 1885. J. & A. Churchill, London.

Rambles in Sweden. By Sidney W. Cooper. Gothenburg. 1884.

Sixth Annual Report of the Massachusetts State Board of Health. Lunacy and Charity. January, 1885.

Hon. Samuel S. Cox. Chapter 5, from advance sheets of his forthcoming work.

Report of New York Legislative Committee on alleged abuses at Utica Insane Asylum.

Report of the Committee of Investigation as to Gas. New York Legislature, 1885.

Epilepsy. By L. W. Baker, M.D.

68th Annual Report. Friends' Asylum, Philadelphia, Pa., 1885.

The Book Record. John B. Alden, New York, April, 1885.

Report of Horace E. Deming, Esq., on New York City Accounts.

Proceedings of the Society for the Study and Cure of Inebriety. H. R. Lewis & Co., London, 1885.

Dr. Edward W. Jenks' Letter to Dr. N. S. Davis.

Circular of Information No. 1, 1885. Bureau of Education, 1885.

Planting Trees on School Grounds. Bureau of Education, 1885.

36th Annual Report. Indiana Hospital for Insane. Indianapolis, Ind.. 1884.

First and Second Report, Committee on Lunacy of the Pennsylvania State Board of Charities. September 20, 1883—1884.

A Case of Psycho-Sensory (Affective or Moral) Insanity. By C. H. Hughes, M.D St. Louis, Mo.

Insanity and Divorce. Mysomania. By C. H. Hughes, M.D, St. Louis, Mo.

42d Annual Report State Lunatic Asylum. Utica. N Y., 1884.

14th Annual Report, Buffalo State Asylum for Insane, 1884.

Elephant Pipes. Academy of Sciences. Davenport, Iowa, 1885.

26th Annual Report, Milk Inspector. Boston, Mass , 1885.

Mechanical Treatment Pott's Disease. By Dr. Chas. F. Stillman. 1885.

Annual Reports, Connecticut Hospital for Insane, 1867 to 1884, complete. 18 in number. From Dr A. M. Shew, Supt.

Biennial Report, Mississippi State Lunatic Asylum. Jackson, Miss., 1878—1879, 1882—1883.

35th Annual Report of Cork District Lunatic Asylum, Ireland, 1884.

Berlin as a Medical Centre. By H. N. Bigelow, M.D. 1885. New England Publishing Company.

Complete set Reports State Board of Lunacy and Charity of Massachusetts. From F. B. Sanborne, Esq., Secretary of State Board.

Set Reports of Iowa Hospital for Insane, Independence, Iowa. From Dr Gershom H. Hill, M.D., Supt.

Northwestern Lancet. St. Paul, Minn.

Medical Chronicle. Baltimore, Md. Geo. H. Rohe, M.D., Editor.

Proceedings of 11th Annual Conference of Charities and Corrections at St. Louis, October, 1884. From J. O. Fanning, Esq.

Medical Age. Detroit, Mich., May, 1884. John J. Mulhern, M.D., Editor.

Sentences for Crime. By Dr. Frederick Howard Wines. H. W. Rokker, Springfield, Ill., 1885.

The People's Health Journal, No. 1, Vol. 1. L. D Rogers, M.D., and S. D. W. Rogers, M.D., Editors, Chicago, Ill

Report of the Executive Committee of the New York Civil Service Reform Association, 1885.

Indiana Medical Journal. Indianapolis, Ind., 1885.

The Medical Chronicle. Baltimore, Md., 1885.

Northwestern Lancet. St. Paul, Minn., June, 1885.

The Medico-Literary Journal. April. 1885.

Lunacy Law Reform. By Dominick Daly, Esq. Birmingham, England, 1885.

Statutes and Philosophy of Criminal Law in Austria. By Prof. Dr. Wilhelm Emil Wahlberg. 3 vols. Alfred Hölder, Wien, 1875—1882.

Evidence in Criminal Proceedings. By Prof. Dr. Julius Glaser. Leipzig, 1883.

Influence of Sea Voyaging on Genito-Uterine Functions. By J. A. Irwin, M.D.

Der Sheriff und Vollzug von Gerichtsbefehlen in Amerika. By S. D. Sewards, Esq.

Are Boards of Lunacy Commissions Expedient for American Asylums? From Report of H. P. Stearns, M D., Superintendent of Hartford Retreat for Insane. Hartford. Case, Lockwood & Brainard Co., 1877.

The Law in Shakespeare. By C. K. Davis, Esq. 12mo, pp. 203. St. Paul, West Publishing Co., 1884.

Homer Color-Blind. By Jabez Hogg, F.R.M.S., M.R.C.S., corresponding member Medico-Legal Society of New York. Reprint from *Journal of Science*, June, 1885.

Color-Blindness in the Mercantile Marine. By Jabez Hogg, M.D., M.R.C.S., Consulting Surgeon to the Royal Westminster Opthalmic Hospital. Reprint from the *British Medical Journal*.

Dr. Alfred Swaine Taylor.

Dr. Alfred Swaine Taylor was born in 1806, and qualified as a medical man in 1828, after studying at Guy's Hospital and in the principal medical schools of the continent of Europe. In 1831 or 1832 he was appointed Lecturer on Medical Jurisprudence at Guy's Hospital, an appointment which he held till his resignation in 1878. During this period of forty-six years, Swaine Taylor acquired a great reputation as a medical jurist, ranking with those of Caspar and Tardieu. He was connected with most of the great English medico-legal cases for a period of thirty-five years, and was a trusted adviser and chemical expert of the British Government.

Though not exclusively, it was chiefly as a toxicologist that Swaine Taylor acquired his great and justly merited reputation; and his name is indissolubly associated with the trial of Terwell for poisoning his mistress with prussic acid, and with that of Palmer for the murder of Cook by prussic acid. Taylor's "Principles and Practice of Medical Jurisprudence" is a standard British text-book among lawyers and medical men; and his work on "Poisons," though now somewhat out of date, is a valuable work of reference. For many years he edited the *Medical Gazette*, and was an accomplished and prolific writer. Whatever he undertook, Taylor did well, and being all his life possessed of sufficient means, no pecuniary advantage ever led him to undertake what he had not sufficient time to carry out thoroughly.

In person, Dr. Taylor was tall, erect, and imposing, with a singularly penetrating glance and handsome, dark eyes. His manner was most gracious to students, strangers, and friends; but he was a bitter and relentless foe to anyone who ventured to oppose him, especially in his own department of professional practice. As a witness, he was magnificent —cool, suave, positive, and not to be shaken on cross-examination or when opposed by other distinguished professional opinion. His hatred of lawyers found full vent in his text-books on medical jurisprudence. Those who knew him and saw how he was respected in private life, would scarcely suspect how keen and sarcastic he could be to foes. T. S.

MEDICO-LEGAL SOCIETY.

OFFICERS FOR 1885.

President,

R. OGDEN DOREMUS, M.D.

1st Vice-President,

CLARK BELL, Esq.

2d Vice-President,

DELANO C. CALVIN, Esq.

Secretary,

LEICESTER HOLME, Esq.

Assistant Secretary,

J. E. McINTYRE, Esq.

Corresponding Secretary,

MORRIS ELLINGER, Esq.

Chemist,

CHAS. A. DOREMUS, M.D.

Treasurer,

J. A. IRWIN, M.D.

Curator and Pathologist,

ANDREW H. SMITH, M.D.

Librarian,

M. J. B. MESSEMER, M.D.

Assistant Librarian.

APPLETON MORGAN, Esq.

Trustees,

B. A. WILLIS, Esq.,
RICHARD B. KIMBALL, Esq.,
W. G. DAVIES, Esq.,
J. C. THOMAS, M.D.,
EDWARD BRADLEY, M.D.,
E. H. M. SELL, M.D.

Permanent Commission of the Medico-Legal Society.

JNO. M. CARNOCHAN, Chairman,
R. O. DOREMUS, M.D.,
Hon. GEORGE H. YEAMAN,
FORDYCE BARKER, M.D.,
DAVID DUDLEY FIELD, Esq.
A. G. HULL, Esq.,

COMMITTEES.

Executive Committee.

Consists of the Officers of the Society and its Ex-Presidents, who are ex-Officio Members.

Library Committee.

Clark Bell, Chairman.

R. S. Guernsey,
Prof. W. J. Morton,
David Dudley Field,
J. M. Carnochan, M.D.,
Judge W. H. Arnoux,
Fordyce Barker, M.D.
Appleton Morgan, Esq.

Committee on Publishing Papers of the Society in Volumes.

R. S. Guernsey, Esq., Chairman.

Dr. Edward Bradley, Clark Bell, Esq., Richard B. Kimball, Esq.

Finance Committee.

Clark Bell, Chairman.

J. Clarke Thomas, M.D., B. A. Willis, Esq., Richard B. Kimball, Esq.
L. P. Holme, Esq., C. A. Doremus, M.D., The President, *ex-officio.*

Committee on Proposed Changes to Constitution and By-Laws.

Hon. B. A. Willis, Chairman.

A. H. Smith, M.D., C. L. Dana, M.D., Roger Foster, Esq.,
Judge M. S. Isaacs, Gen. G. W. Palmer, Judge D. McAdam.

Committee on Coroners.

Judge D. C. Calvin, Chairman.

J. G. Johnson, M.D., Prof. C. A. Doremus, Austin Abbott, Esq.,
Prof. A. B. Mott, Charles F. Stillman, M.D. Roger Foster, Esq.

Sanitary Supervision of Public Schools.

R. J. O'Sullivan, M.D., Chairman.

Hon. Geo. H Yeaman, Gilbert R. Hawes, Esq., Appleton Morgan Esq.,
T. B. Wakeman, Esq., John H. Hull, Esq., R. L. Parsons, M.D.

State Chemist and Laboratory.

Hon. B. A. Willis, Chairman.

Judge W. H. Arnoux, Prof. H. A. Mott, Gen. G. W. Palmer,
Prof. W. J. Morton.

On Anaesthetics and Paper of Dr. J. G. Johnson.

J. C. Thomas, M.D., Chairman.

J. G. Johnson, M D., D. C. Briggs, Esq., C. G. Garrison, M.D.
Judge D. McAdam, Prof. C. A. Doremus, John M. Carnochan, M.D.

Committee on Suicide and Legislation.

J. J. O'Dea, M D., Chairman.

R. B. Kimball, Esq., E. C. Mann, M.D. Appleton Morgan, Esq.,
S. N. Leo, M.D.

Committee on Experts and Expert Testimony.

J. E. McIntyre, Chairman.

Hon. D C. Calvin, Hon. B. A. Willis, Hon. Geo. H. Yeaman,
E. C. Mann, M.D , John Shrady, M.D., T. H. Kellogg, M.D.

Committee on Hygiene in Public Schools of Brooklyn.

JOHN HENRY HULL, Chairman.

JUDGE CALVIN PRATT, W. J. MANN, ESQ., DR. G. H. GILBERT,
DR. J. G. JOHNSON, DR. A. N. BELL, DR. J. Y. TUTHILL.

Committee on Canned-Goods Poisoning.

CHAS. A. DOREMUS, M.D., Chairman.

DR. J. CLARKE THOMAS, DR. J. G. JOHNSON, B. A. WILLIS, ESQ.,
M. S. ISAACS, ESQ., APPLETON MORGAN, ESQ., J. A. IRWIN, M.D.

HONORARY AND CORRESPONDING MEMBERS.

MARCH 25th, 1885.

Honorary.

JOHN C. BUCKNILL, M.D., London, England.
ERNEST CHAUDÉ, ESQ., Paris, France.
PROF. D. HACK TUKE, M.D., London, England.
FRANK H. HAMILTON, M.D., New York.
PROF. R. VON KRAFFT-EBING, Gratz, Austria.
HENRY MAUDSLEY, M.D., London.
PROF. DR. J. MASCHKA, Prague, Bohemia.
SIR JAMES FITZJAMES STEPHENS, London.
FRANCIS WHARTON, LL.D., Philadelphia.

Corresponding.

PROF. AUGUSTIN ANDRADE, M.D., City of Mexico.
JOHN ABERCROMBIE, M.D., London, England.
JULIUS ALTHAUS, M.D., London, England.
PROF. BENJ. BALL, Paris, France.
HON. GUNNING S. BEDFORD, New York.
PROF. C. M. BROSIUS, M.D., Berndorf, Germany.
A. N. BELL, M.D., New York.
G. E. BENTZEN, M.D., Christiana, Norway.
PROF. LEONARDI BIANCHI, Naples, Italy.
PROF. DR. SERAFINO BIFFI, Milan, Italy.
HON. GEORGE B. BRADLEY, Corning, N. Y.
E. BLANCHE, M.D., Paris, France.
HON. HENRY BRINK, Charleston, S. C.
R. P. BROWN, M.D., Addison, N. Y.
JOSÉ M. BANDERA, M.D., City of Mexico.
T. R. BUCKHAM, M.D., Flint, Mich.
PROF. G. BUONOMO, Naples, Italy.
A. L. CARROLL, M.D., New Brighton, S. I.
PROF. CHARPENTIER, Paris, France.
PROF. STANFORD E. CHAILLÉ, New Orleans, La.
SENOR DON MANUEL CONTRERAS, City of Mexico.
T. DE MUSGRAVE CLAY, M.D., Pau, France.
T. S. CLOUSTON, M.D., Edinburgh, Scotland.
C. J. CULLINGWORTH, M.D., Manchester, England.
JOHN CURWEN, M.D., Warren, Pa.
J. D. CROTHERS, M.D., Hartford, Conn.
PROF. R. H. CHITTENDEN, New Haven, Conn.
N. R DAVIS, M.D., Chicago, Ill
H. E. DESROSIERS, M.D., Montreal, Canada.
F. W. DRAPER, M.D., 36 Worcester Street, Boston.
PROF. DR. GEO. DRAGONDORF, Dorpat, Russia.
DOMINICK DALY ESQ., Birmingham, England.
DR. DE JONG, Amsterdam, Holland.
VICTOR DESQUIN, M.D., Antwerp, Belgium.
LEON DE RODE, M.D., Louvain, Belgium.
LE GRAND DU SAULLE, M.D., Paris, France.
PROF. J. J. ELWELL, Cleveland Ohio.
PROF. M. G. ELZEY, Washington, D. C.
PROF. ALBRECHT ERLENMEYER, Berndorf, Germany.
HON. M. D EWELL, Chicago, Ill.
LANDON B. EDWARDS, Richmond, Va.
SIMON FITCH, M.D., Halifax N. S.

Corresponding.

PROF. ACH. FOVILLE, M.D., Paris, France.
PROF. DR. FURSTNER, Heidelberg, Germany.
TH. GALLARD, M.D., Paris, France.
JAMES A. GRAY, M.D., Atlanta, Ga.
PROF. R. GAROFOLO, Naples, Italy.
General Procurator DR. JULIUS GLASER, Vienna, Austria.
W. R. GOWERS, M.D., London, England.
J. L. HANNA, ESQ., Baltimore, Md.
GEO. L. HARRISON, ESQ., Philadelphia, Pa.
PROF. DR. F. VON HOLTZENDORF, Munich, Bavaria.
ERNEST HART, M D., London, England.
PROF. H. HEIBERG, Christiana, Norway.
PROF. A. W. HOFFMAN, Berlin, Germany.
JABEZ HOGG, M.D., London, England.
PROF. E. M. HORSFORD, Cambridge, Mass.
PROF. HOFFMAN, Gratz, Austria.
C. H. HUGHES, M.D., St. Louis, Mo.
PROF. H. AUBREY HUSBAND, Edinburgh, Scotland.
B. C. INGELS, M.D., Ghent, Belgium.
W. W. IRELAND, M.D., Edinburgh, Scotland.
*HON. FREDERICK KAPP, Berlin, Prussia.
PROF. AXEL KEY, Stockholm, Sweden.
PROF. DR. HERMAN KORNFELD, Grottkau, Silesia.
PROF. HENRY M. LYMAN, Chicago, Ill.
HENRY LEFFMAN, M.D., Philadelphia, Pa.
JOAQUIM G. LEBREDO, Havana, Cuba.
PROF. MAX LEIDESDORF, Vienna, Austria.
PROF J. LEHMANN, Copenhagen, Denmark.
DR. SOUZA LIMA, Rio Janeiro, Brazil.
BREWER MATTOCKS, M.D., St Paul, Minn.
HON. GUY H. MCMASTER, Bath, N. Y.
JULES MOREL, M.D., Ghent, Belgium.
PROF. A. MOTET, Paris, France.
PROF. DR. MIERZEJEWSKI, St. Petersburg, Russia.
PROF DR. L. MEYER, Gottingen, Germany.
PROF. R. OTTO, Berlin, Germany.
ED. M. PEREZ, M.D. Buenos Ayres, S. A.
G. VARIAN POORE, M.D., London, England.
PROF. JOHN M. PACKARD, Philadelphia, Pa.
JOSEPH PARRISH, M.D , Burlington, N. J.
DR. J. A. PEETERS, Gheal, Belgium.
DR. LOUIS PENARD, Versailles, France.
AUGUSTUS J. PEPPER, M.D., London, England.
PROF. F. POLLOCK, London, England.
S. D. PRESBY, M.D., Taunton, Mass.
PROF. ROMAN RAMIREZ, M.D., City of Mexico.
DR. RAMAER, The Hague Holland.
PROF. JOHN J. REESE, Philadelphia, Pa.
PROF. DR. V. REUBOLD, Wurzberg, Germany.
PROF. DR. LUDWIG SCHLAGER, Vienna, Austria.
GEN. STAATS ANWALT SCHWARZE, Dresden, Saxony.
G. E. SHUTTLEWORTH, M.D., London, England.
PROF. THOMAS STEVENSON, London England.
W. H. O. SANKEY, M.D., Baschurch, N. Shrewsbury, England.
GEO. H. SAVAGE, M.D., London, England.
W. G. STEVENSON, M.D , Poughkeepsie, N. Y.
H. R. STORER, M.D., Newport, R. I.
PROF. ARRIGIO TAMASSIA, Padova, Italy.
PROF. AUGUSTO TAMBURINI, Turin, Italy.
C. MEYMOTT TIDY, M.D , London, England.
GEO. A. TUCKER, M.D., Australia.
DR. RAFAEL ULECIA, Madrid, Spain.
O. W. WIGHT, ESQ , M.D., Detroit, Mich.
PROF. DR. WILHELM EMIL WAHLBERG, Vienna, Austria.
F. WINSOR, M.D., Winchester, Mass.
PROF. T. G. WORMLEY, M D., Philadelphia, Pa.
PROF. DR. L. WILLE, Basle, Switzerland.
DR. M. VON BURI, Leipzig, Germany.
ELY VANDER WARKER, M.D., Syracuse, N. Y.
FORDES WINSLOW, M.D., London, England.
WILLIAM C. WILE, M.D., Sandy Hook, Conn.

* Deceased.

Yours very truly

F. R. Buckham

ABSORPTION OF ARSENIC BY THE BRAIN.

By R. H. Chittenden and Herbert E. Smith.

(Read before the Medico-Legal Society, May 20, 1885.)

Some time since one of us* advanced the view that the amount of arsenic present in the brain, in cases of arsenical poisoning, is an index to the *form* in which the poison was taken, viz.: whether in a readily soluble and diffusible form, such as sodium arsenite, or in a comparatively insoluble form, as arsenious oxide or aceto-arsenite of copper. The original experiments of Scolosuboff† on animals, with sodium arsenite, plainly showed the capability of nerve tissue for the absorption of arsenic; yet the recorded observations of toxicologists tend to show, as a rule, the presence of but traces of this poison in cases of arsenic poisoning, either acute or chronic. Scolosuboff's results are, however, undoubtedly correct; arsenic when taken in a very soluble and diffusible form without doubt does accumulate in the brain, but in our opinion *only when in that condition*, and thus in the more common forms of poisoning with the white oxide or other insoluble forms of arsenic, but a trace of the poison is to be found in the brain at any one time.

With a firm belief in the truth of the above statement, founded on personal experience and the recorded results of other workers in this field, it was maintained by one of us in a previous paper‡ that the presence of weighable amounts of absorbed arsenic in the brain may be taken as an indication of the administration of a soluble form of the poison. Experiments on animals tend to show the correctness of the theory and the results of toxical investigations, so far as our knowl-

* Chittenden, Amer. Chem. Jour., vol. 5, p. 8; and Medico-Legal Journal, vol. 2, p. 237.

† Bulletin de la Société Chimique de Paris, vol. 24, p. 125; and Medico-Legal Journal, vol. 2, p. 233.

‡ Chittenden, loc. cit.

edge extends, contain nothing contrary to this view. If true, we ought never to find under any circumstances an accumulation of arsenic in the brain after the administration of an insoluble form of the poison. Hence, the study of arsenic cases, where the form of poison is known, is of great importance in this connection.

We have had a recent opportunity of adding two more cases to the list of those which bear testimony to the truth of the above theory; two fatal cases of arsenic poisoning, one of which was caused by the white oxide, the other presumably by Paris green or aceto-arsenite of copper.

Case A.—L. K., a middle-aged laboring man, ate for his dinner at noon a quantity of bean soup. Almost immediately after he was seized with vomiting and purging, cramps in the legs, and all the ordinary symptoms of acute arsenic poisoning. There were no marked cerebral symptoms. At 9 P. M. of the same day the patient died in a condition of collapse, having thus lived nine hours after eating the poisoned soup. An autopsy made the following day by Dr. M. C. White of the Yale Medical School, to whose courtesy we are indebted for a description of the case, and also for the organs for analysis, revealed the following points of interest: "The mucous membrane of the stomach was very much inflamed, especially around the cardiac orifice. The duodenum was likewise much inflamed, also the lower part of the rectum, showing here as a red mottled congestion. The remaining portions of the intestines were normal. The brain showed marked congestion. The kidneys were normal in appearance, the urinary bladder was nearly empty, and the mucous lining somewhat reddened. The lungs were normal, except the lower half of the right one, which was a little congested. The heart normal; small fibrinous clot in the right ventricle." In order to draw deductions of any value from the distribution of the arsenic in the body of the deceased we must know positively as to the form in which the poison was taken. Fortunately, we were able to obtain the residue of the soup eaten by the deceased. Microscopic ex-

amination of the sediment plainly showed octohaedral crystals of arsenious oxide, and we were able to separate from a small portion of the solid residue 24 milligrams of the oxide. Plainly the soup was poisoned by simply mixing with it arsenious oxide in substance. As to the quantity of arsenic present in the soup we have the following data: 125 cc., oxidized with hydrochloric acid and potassium chlorate, yielded 314.6 milligrams of arsenious sulphide, equal to 253.2 milligrams of arsenious oxide. As to the amount taken by the deceased we have no knowledge; we infer, however, since the soup constituted the main portion of his dinner, that a large quantity was eaten, which view we think is substantiated by the intensity of the vomiting and purging, so characteristic of large doses of the poison.

Here then, we have an unquestionable case of poisoning with arsenious oxide, and under conditions most suitable for rapid absorption; a probable empty condition of the stomach, together with a large amount of the poison, a considerable portion of which must probably have been dissolved in the soup. Added to this, nine hours intervened between the taking of the poison and death. Certainly then everything favored an absorption of the poison by the brain, if such is characteristic of this form of arsenic. Naturally the vomiting and purging would remove much of the poison, still the relative proportion of absorbed arsenic would not be materially altered, and thus if Scolosuboff's results with soluble arsenites are applicable to arsenious oxide, we ought to find in this case, in conformity with his results, a larger percentage of arsenic in the brain than in the liver or kidneys.

Following are the results actually found*:

Liver (1259 grams) contained 76.0 milligrams As_2O_3.
Kidney and bladder (332 grams), contained 0.6 milligrams As_2O_3.
Brain ($\frac{1}{4}$ = 328 grams dry) contained simply a recognizable trace.

* The method of analysis consisted in the oxidation of the tissue with nitric and sulphuric acids, the arsenic being weighed as metallic arsenic. See Amer. Chem. Jour., vol. 2, p. 235.

Case B.—J. G., a young woman, age unknown. Regarding the details of this case we have less definite knowledge. She was last seen alive on Friday night, at which time she threatened to poison herself. The following Monday morning she was found dead, and near her an open package of *Paris green.* She had evidently been dead some time, and both the condition of her room and person gave evidence of excessive purging and vomiting. An autopsy by Dr. White showed an entire absence of inflammation of the alimentary tract, and also a lack of any abnormal condition sufficient to account for death. The verdict was, therefore, death by poisoning with Paris green or aceto-arsenite of copper.

Through the kindness of Dr. White we were able to obtain portions of the body for analysis. The contents of the stomach were entirely free from arsenic, the poison having been wholly removed by the purging and vomiting; the trace found therefore, was the amount absorbed by the muscle tissue of the stomach. Following are the amounts of arsenic found in the parts analyzed:

Liver (2984 grams) contained 12.78 milligrams $As_2 O_3$.
Kidneys and bladder (515 grams) contained 3.40 milligrams $As_2 O_3$.
Muscle from thigh (735 grams) contained 0.97 milligram $As_2 O_3$.
Stomach (425 grams) contained trace.
Brain (1179 grams) contained trace.

The trace of arsenic in both the muscle tissue of the stomach and in the brain was very small; the entire brain could not have contained more than 0.2 of a milligram of arsenic.

These results plainly substantiate the views set forth above, and lend favor to the belief that Scolosuboff's results with sodium arsenite are applicable only to that form of poison, and not to the more insoluble compounds of arsenic. These two cases, therefore, are additional evidence that in poisoning with arsenic the presence of an appreciable amount of poison in the brain is an indication amounting almost to proof positive of the administration of a soluble and diffusible form of arsenic.

Sheffield Laboratory of Yale College, April, 1885.

PHOTOGRAPHY AND MEDICAL JURISPRUDENCE.*

THE DETERMINATION OF PERSONAL IDENTITY.

By William Mathew.

In all books dealing methodically with the topic of medical jurisprudence, attention is directed to that division of the subject which treats of legal identification and its related particulars. The rules and usages by which the procedure is governed are primitive, but of long antiquity.

Whether before the accredited officer of the Crown—the county coroner—or before the courts of criminal law, the corporeal presence of the individual touching whom the inquiry is on foot is an indispensable preliminary. "If the body be not found, the coroner cannot sit," says Blackstone. "An inspection of the body is the essence of the inquiry," observes Dr. Taylor, in "Principles of Medical Jurisprudence."

Upon occasion, in the Courts of Civil Procedure also, the question of identity becomes the essential feature of the investigation. It is the real issue submitted to the adjudicators. In such instances, says Dr. Beck, "the whole evidence turns on the question of identity."

Stature, temperament, marks upon the person, color of the hair, color of the eyes, general resemblance. These have heretofore been the ordinary elements of the physiological sort upon which a conclusion has been based.

When and where photographic portraiture was first introduced to the notice of the Courts, does not clearly appear. Certainly, it has not been received with undeviating reliance, for the photographic presentment in many instances differs

*Reprinted from "Knowledge," April 3, 1885.

very materially to the eye from the personal reality. Wit nesses, upon their oath, have sometimes been requested to pronounce upon resemblances from which, under ordinary conditions, they would have shrunk in bewildered uncertainty.

Yet, when considered from the standpoint (1) of their perfect accuracy of delineation; (2) of their minutely-true reproduction of the proportionate areas occupied by the several features; and (3) of the apparent permanence, in adult life, of those proportionate areas, there would certainly appear to be no inscrutable reason why photographs might not be subjected to tests of a severely scientific nature.

There are three or four indispensable conditions to be accepted by scientists, preliminary to such a consummation.

I. A due recognition of the permanence of the essential particulars of a given face.

II. Of the greater or less divergence of all other faces whatsoever from the permanent particulars of the face in question.

III. The requisite reliability of a unit of admeasurement that shall be, similarly, (1) permanent in a given face; (2) discrepant, more or less, in all other faces.

IV. The accredited presence of a sufficiently undeviating horizontal plane to afford an available zero or datum line.

Now, in order to sustain the proposition that a given adult face is permanent in its chief particulars, it needs but the obvious reflections. —(1) That when a man stops growing, the bones of his face stop growing at the same time as all the rest; (2) that when the bones of the face cease growing, the several features thenceforward retain in permanence their original *locus in quo.*

It should go without saying that the requisite unit of the admeasurement must necessarily be sought for in the face itself; for by this expedient the varying magnitudes of photographic portraits are effectually legislated for. Hence the adaptability of the colored circle of the eye for the desired purpose. It is (1) well-defined at its exterior circumference;

it is (2) a permanent quantity in a given individual; (3) its dimensions so materially differ in different persons that of itself it becomes an important factor of diversity between photographs that are inherently discrepant.

Granted, then, the requisite permanence of the facial perpendicular, and the requisite permanence of the unit of the admeasurement (the diameter of the iris at its exterior rim), it remains but to consider the limitless amplification of the facial diversity.

It has been long an accepted hypothesis that the dimensions of an ideally perfect face should consist of certain duplicate and triplicate repetitions of its own element; yet, nevertheless, that all actual faces are, to a greater or less extent, departures from the given ideal. In strict conformity with this hypothesis, it may be pointed out that the endlessly numerous permutations which are everywhere consequent upon the presence of even a few factors of diversity, is a matter quite amenable to arithmetic proof. This principle of permutation finds its always-familiar illustrations in the "ringing of changes" upon an octave of bells, in the casting of dice, and in the myriads of differing verbal forms that a few vocal articulations have afforded to all the nations of the earth.

In conclusion. The general and special data which have been here set forth, appeal in the first instance to the common apprehension of all persons of intelligence; and, secondarily, to the tests and investigations of experts. As the result of such tests and investigations, it is now confidently maintained that the data and conditions enumerated are trustworthy and open to proof. The photographic portraits of various public personages, taken after intervals of twenty or more years, and suitably enlarged, have been found to correspond very minutely in admeasurement, whilst, in the meanwhile, great external change has been going forward in their countenances. On the other hand, a comparison of the portraits of any two distinct individuals, tested under the same rigid conditions, fully justifies the statement that, in such cases, varied and palpable discrepancies will inevitably become manifest.

The physiological facts having been accepted, the formularies of procedure may suitably engage attention. To those to whom the topic is new, an explicit statement of details might prove the more convenient; but summarily and technically those particulars may be dealt with as follows:

1. Upon a photograph of enlarged magnitude let a right line be drawn from centre to centre of each pupil. 2. From the given centres, describe arcs intersecting each other, above and below the right line, of a radius as the distance between the centres. 3. From the points where the arcs cut each other, produce the perpendicular. This will, necessarily, be the true facial perpendicular, whatever may be the *pose* of the sitter. 4. Lay off a parallel on either side of the perpendicular, at the distance of the given centres. 5. Lay off a series of parallels, above and below the line of the pupils, and let their measured distance apart be that of *precisely the diameter of the iris*. 6. Let each parallel extend over the right-hand margin of the portrait, and be numbered consecutively. The given line of the pupils being a nought, or zero, let the other numbers proceed from it, upward and downward. 7. Reproduce these details upon the second portrait, and thereupon proceed to make the necessary comparison of particulars.

With the aid of the appliance known as the Identiscope, the required comparison can be effected under conditions the most favorable for careful inspection. Reproduced upon lantern-slides, conjoined by the agency of the zero-points, the compared portraits may be projected in combination, upon a scale of magnitude that would cause the most minute discrepancies to stand revealed in any reputed instances of spurious or doubtful identity.

THE CASE OF YSEULT LUCILLE DUDLEY.

By W. H. O'Sankey, M.D., of London, England.

(Read before the Medico-Legal Society, April 15, 1885.)

I consider the case of Lucille Dudley a most interesting one Medico-Legally.

I send herewith a statement of the leading features of the case as they appeared in our London journals, the general features of which I believe to be substantially correct.

There would seem to be no doubt whatever that the Lucille Dudley who, on Monday, attempted the assassination of O'Donovan Rossa in New York, is identical with a young lady of the same name who, until September of last year, was living in this country. Several persons intimately acquainted with her history and her appearance have, after reading the descriptions contained in the cablegrams published in another column, expressed their unhesitating conviction upon this point. In these circumstances it becomes practicable to trace to some extent her past career, which has been both romantic and painful. She was born in 1860, the illegitimate offspring of parents, one of whom at least was connected with the higher circles of society. The child was well cared for, and received a good education at one of the best French convents. There is reason to believe that the name of Dudley given her at her birth was an assumed name, and that the truth about her parentage was concealed from her. For some time her guardians, whoever they may have been, allowed her to study for the drama, and later on she proposed to become a governess. In the meanwhile she had formed an acquaintance with a gentleman, said to be a clerk in holy orders, still holding a cure of souls in the Church of England. This person, though at the time a married man, went through a mock marriage ceremony with Miss Dudley, who was thus deceived into believing she was his lawful wife. The intimacy resulted in the birth of two children, both of whom, however, died in infancy. She seems to have been greatly distressed by their loss, and to have developed thereafter very strong suicidal tendencies. Three years ago she was found in a Great Eastern Railway carriage at Liverpool-street Station in a condition of insensibility. It was ascertained that she had been inhaling chloroform. Whilst in custody she was detected in the further act of taking opium, a small parcel of which was found sewn up in her cloak. She refused to give any account of herself, and expressed regret at not having succeeded in taking her life. Mr. Bushby, the magistrate at Worship-street Police-

court, therefore sentenced her to three months' imprisonment, which she duly underwent. On her release her friends, who are described as wealthy and influential, took charge of her and eventually secured her admission to Queen Charlotte's Hospital, where she qualified as a nurse, and obtained in due course a certificate. She seems to have liked the occupation, and to have been efficient in it. One or two medical gentlemen under whom she served as nurse speak in the highest terms of her ability and devotion. Before long, however, her disregard of life, apparently inborn, again manifested itself. In September, 1883, she was for the second time found in a railway carriage insensible—on this occasion at Brighton —and it was proved that she had been taking chloroform as before. On her trial, it being established that she was incapable of pleading, she was, in accordance with the practice in such circumstances, ordered to be detained during her Majesty's pleasure, and with this object was removed to the Sussex County Hospital, Hayward's-heath, where she was classed as a criminal lunatic. When admitted she was in a very dangerous state, suffering from intense suicidal mania. For a considerable period it was deemed unsafe to leave her alone for a moment, night or day. Under treatment she gradually improved, and at the end of six months seemed to have regained sanity. The improvement was continuous, and, though she remained under detention for several months longer, there was no manifestation of any tendency to self-destruction; on the contrary, she was as peaceable and as amenable to discipline as any member of the establishment. In August, of last year, Miss Dudley's friends, doubtless hoping and believing her mental balance had been thoroughly restored, sought to obtain her release. The Home Secretary, with whom the decision rested, investigated the case, and finally granted an order for her discharge, her guardians promising to take care of her, and, in the event of mania again developing itself, to return her to the asylum. The lady was accordingly restored to liberty, and after a few week's interval her friends, it is understood, at her own request, made arrangements for her to go to America, and accordingly she sailed for New York in September. As to her movements between the time of her arrival in the States and her attack on O'Donovan Rossa there is at present no information forthcoming. Dr. S. W. D. Williams, medical superintendent of the asylum at Hayward's Heath, describes Miss Dudley's case as one of moral congenital insanity. She was not a woman subject to delusions, and an ordinary person conversing with her would adjudge her to be perfectly sane. As a matter of fact, however, she was a victim to that disease of moral perversion which psychologists find it so difficult to deal with. It was owing to this perverted moral nature that she never evinced the slightest contrition for her attempts upon herself, nor is it likely—in the judgment of the medical men who have studied her case—that she will be in the least able to understand that, in seeking the life of another, who had become obnoxious to her, she has been guilty of any wrong; on the contrary, she is more likely to glory in the deed. In Dr. Williams's opinion she would

never, left to herself, be perfectly safe. She would always be liable to a recurrence of the suicidal mania, and this at any time would be equally liable to be transformed into homicidal mania. Indeed, during the earlier period of her detention she was both homicidal and suicidal, frequently declaring in her paroxysms that she did not care whom she killed. Her nature was extremely emotional; she would either love intensely or hate intensely, and these passions were subject to sudden alternations. Speaking generally, she was morally irresponsible. While in the asylum, although she was never heard to talk about Fenian outrages, she always manifested the greatest antipathy to Irishmen, as such, and to this general feeling she gave particular expression in the case of one of the medical officers who happened to be of the same nationality as O'Donovan Rossa. It is probable that the latter's assailant had, as she is reported to have said, been employed for a time as nurse in a Paris hospital. As was to be expected from the circumstances of her early education, she could speak the French language as fluently as her own. During her detention at Hayward's-heath, she took every opportunity of borrowing French novels, the perusal of which appeared to afford her immense pleasure.

Miss Dudley is of medium height, and has a fresh complexion, fair hair and eyes. Those who knew her in England say she was extremely good-looking, and that she had refined features, with a fascinating manner and expression. She was, however, very short-sighted, an infirmity which induced a slight habit of carrying her head rather too forward.

The following letters—the first of which was found upon her after she had taken poison, and the latter of which was written to a friend just before February, 1883—will probably throw some light upon her state of mind at that time:

"I am going to end my life to-day. May God have mercy on my soul! It is best for me to die: I seem only to bring trouble on all who know me; and yet I would sooner suffer anything myself. If I had lived I should have gone mad, for life has been intolerable since I lost my darling, my wee girlie. Perhaps I shall have her again now. I have tried to get away from thinking about her—tried everything—lived fast and reckless, only stopping short of actual wrong; but her little face is by me night and day, and her little voice calls me. I think I lost my right senses in a measure when she died. I don't know, only nothing has seemed real since. Perhaps God lets her call me that I may go. Surely as He has made life too hard for me to bear, He cannot blame me for ending it. All other troubles have come because I ceased to care, to calculate when she was taken. If this is ever read I would thank all who have been kind to me, and ask them not to think too hardly of me. Pray God in His infinite mercy to take me to my darling little one again, never to be parted more. Wee golden head, and violet eyes. Oh, God! Give me to her again."—L. DUDLEY.

"Dear Mrs. M.—As this will be the last time you will ever hear from me, try to read it patiently. You are wrong in thinking that I was care-

less or indifferent about your being paid. Indeed I would have sent you every farthing. You know I have always given you all I had, and the last debt was contracted because I was too ill to move. You must recollect that I wished to go, but the doctor forbid me to move until the hæmorrhage ceased. You have been bitterly cruel to me this last week, and I was trying so hard to fight against the impulse to destroy myself and end all trouble. I am sorry you would not even shake hands with me. I have been longing so dreadfully for dear little Marguerite, and tried all I could to throw it off. If I have been extravagant and reckless, it was through trying to drive away the thoughts that came. May God now take me to her. As He has made life too hard to live without her, He will not punish me for ending it. I shall be with her before you read this. As a dying woman, I ask you to believe that I should not have wronged you out of your money, but you threatened to write to where I was going, and that would have ruined my chance of success. Ask them to bury my darling's little things with me."—L. DUDLEY.

The Brighton episode in the strange career of Miss or Mrs. Dudley may be narrated somewhat in detail, as it throws considerable light on the question of her liability to mental aberrations, particularly in the direction of suicide. On Tuesday, September 11, 1883, when the 9.10 mail train from London Bridge reached Brighton, a young woman was found in an unconscious state in a second-class carriage. Near her was a phial which contained chloroform, with an admixture of opium. She was taken to the Sussex County Hospital, where, on her recovery, she was questioned, but refused to give her name or any information concerning herself. The police, however, made diligent inquiries, and a few days afterward identified her as Lucila Dudley, aged twenty-three, of superior education, and, it is said, well connected. In the previous February she had been admitted to the London Hospital, suffering from a dose of chloroform and opium. There was a record of her discharge from gaol, in May following, she having completed a term of imprisonment on the charge of attempting suicide. Repetitions of the act were further alleged against her, and it was said her mind had been affected by grief for the loss of her child. The same person, Lucila Dudley, appeared to have been in training as a nurse at Queen Charlotte's Hospital, and on leaving that institution, shortly before her journey to Brighton, obtained possession of the opiate. The identity of this same Lucila Dudley with the young woman who, in New York, seems to have given the somewhat uncommon name of Yseult—from the ancient legend of the "Morte d'Arthur"—is considered to be now placed beyond all doubt.

She was charged before the Brighton magistrates, and remanded. On the second occasion of being brought up she maintained the same persistent secrecy, and shook her head when the name Dudley was read from the charge sheet. Mr. Rogers, the police surgeon, was asked whether he had examined into her state of mind and what he thought about her. He said he had questioned her that morning, and was of opinion that she was responsible

for her actions. With this judgment Mr. Bernard Scott, the house surgeon of the Sussex County Hospital, agreed. In the course of the evidence at both hearings it was abundantly proved that the accused had confessed taking the chloroform, and had stated as her motive that she wanted to die. Her determination had been expressed to Mr. Carter, the police superintendent, in these words, "Well, I will do it; and if I can find no other way I will starve myself."

The case is a very excellent example of what I have described at pp. 166 et seq. 167 and 168 of my work.

"Bearing well in mind the tendency to periodicity, already described, which is manifested in the progress of insanity, we may readily perceive the relation of these recurrent cases to ordinary insanity.

There is no difficulty in recognizing the links that connect the two phenomena, or the two descriptions of cases into one and the same species morbi.

Doubtless there occur cases which are truly second attacks; that is, the patient has absolutely recovered from one attack, and has been seized a second time: for there is no suspicion that an attack of the disease gives, like an eruptive disease, an immunity from a fresh attack. I have met with a few cases which were perhaps of this kind.

Much more commonly the second attack differs in its character from a primary attack, and is really a relapse not truly a new attack, such is the view which my experience has led me to adopt, and the following are the grounds of my opinion:

1. The second attack differs chiefly in the suddenness of the advent of the active symptoms, and as a rule by the absence of a melancholic stage.

2. These attacks follow at all variations in the interval that has elapsed since the previous attack, and between those cases of "*folie a double forme*," in which there is no interval of lucid mind, and those cases with short lucid interval there is no appreciable difference, and one form often merges into the other; and again between the case of lucid interval of a week, and the case in which it is a month, no difference can be made; so neither can there be in such cases in which the lucid interval lasts two or three months. The latter case, and especially if the mind was very lucid, would be called a recovery, and the recurrence, a second attack, and in my view the cases belong to the same category, they are simple examples of chronic insanity.

3. Still further, in many of these cases, even with lucid interval of months and years, there is generally something not quite correct left in the patient's mind; there is something peculiar, eccentric, changed from the primary condition, which intelligent friends can perceive.

4. Another reason for considering these as simple cases of chronic insanity is that the course of them is the same, their progress is towards

imbecility when they cannot be distinguished from other cases; though it is quite true that some of them ultimately recover, as do some cases of non-recurrent chronic insanity.

Illustrations of Recurrent Insanity.—All cases which are not primary may be considered to belong to this section, that is, all second, third fourth and ultimate attacks. As already stated, the secondary attack may commence at any interval after the real or apparent termination of the first. The same patient may vary also in this respect; in other words, the period between the attacks may be regular or irregular. Some writers have mentioned cases in which the patient was attacked at regular periods, as every month or every autumn,* but it is more common, I think, for the interval to be less regular; this may be, however, that the patient has overcome intervening threatenings, or such have passed unnoticed.

It was a question which I attempted to solve, but without perfectly satisfying my own mind, whether a recurrent case was of such a distinct kind, that on the first outbreak in the primary attack there were phenomena to distinguish it from other cases, and whereby we should be able to predict that the patient would be liable to recurrent attacks; the second attacks, for instance, occur often without a preliminary melancholic stage; are they, therefore, on this account different in species from ordinary insanity? As far as I have been able to trace these cases I have found them to obey the same law as ordinary or non-recurrent cases, and to go through the same stages. There is a good deal of difficulty in this investigation. I have treated patients in their second, others in their third, fourth, fifth and sixth attacks, and some few only in their first, and also in a subsequent attack. But in all those which I have observed in the first attack, and who have had subsequent attacks, the disease began by a stage of melancholy, and in all those of which I could get a reliable history there had been melancholic prodroma.

This kind of case, however, not unfrequently has proved one of very great difficulty, both legally and medically, and requires, therefore, more than usual investigation."

I have since met with another example.

The Rev. Mr. Spike, many years ago, was lost, and a great sensation was made about his disappearance (we are not such a large country that people can hide in it easily); but he was missing for months, and was at last discovered, working about 100 miles away as a laborer or as a cattle drover. He recovered and returned to his living, and many years afterwards, the day after his wife's death, he drowned himself; but several examples are quoted at the page mentioned. These recurrent cases are the *pons asinorum* for the uninitiated. They puzzle the lawyers particularly; yet it is not more strange for a man to do an insane act all of a sudden

* Griesinger, § 119.

than for an epileptic to perform suddenly such muscular antics. But as I say, p. 180, "*for such outbreaks in a lunatic are only met with as phenomena of second or subsequent attacks.*" I have sought in vain for evidence to the contrary.

When suicide or violence of any kind occurs in a first attack it is always preceded or accompanied by other distinct symptoms of insanity.

There is no doubt that Mr. Justice Stephen (author of "History of Criminal Law") has given a careful study to the subject of insanity. There have been many trials of late in England in connection with the subject, but it seems to me that the lawyers have, as a rule, displayed an absolute ignorance (amounting to an innocence) of all the statutes which rule the question.

Mr. Charles, Q.C., seemed *au fait* at a late trial, but the judges are all at sea. There are some authorities not practicing, as Mr. C. Palmer Phillips, now a Commissioner in Lunacy and author of "Law of Lunatics;" and Mr. Justice Fry, who has written also a book on the Lunacy Acts of great accuracy and value.

OUR PRESENT KNOWLEDGE OF THE STRUCTURE AND FUNCTIONS OF THE GRAY SUBSTANCE OF THE NERVE-CENTERS.

By Charles Heitzmann, M. D.

(Read before the Medico-Legal Society of New York, at their meeting, May 20, 1885.

In the lowest forms of molluscous and crustaceous animals the first trace of a nerve-center is known to exist in the shape of a gray ring surrounding the oral or pharyngeal orifice. All nerves of the body are in connection with this ring, hence we justly may conclude that it serves as a central organ of the nervous system. If we look into the minute structure of this pharyngeal ring, we find it surprisingly simple and uniform in its details; we see a granular mass, in which there are imbedded numerous sharply contoured, granular bodies, the so-called nuclei, and a number of delicate threads, traversing the granular mass, which threads partly are in connection with the nuclei, partly emanate from the granular mass itself, and represent the nerves.

In the lowest forms of vertebrates the brain is a thin, gray-looking body, entirely composed of a granular mass, in which we see a large number of globular or oblong nuclei, mainly arranged in rows, while the white substance, entering into the structure of the brain and spinal cord in higher vertebrates, in greatly varying masses, is absent altogether. It is only in the spinal cord of low vertebrates, such as for instance the frog, the tree-toad, that we observe larger, angular, sharply circumscribed and nucleated corpuscles in the anterior, or motor columns. These so-called ganglion-cells, or ganglion-corpuscles are known to be the motor centers of the extremities, and

their presence enables the frog, even after the removal of its head, to execute motions of defense, when the skin of the trunk or the extremities is pinched; motions which the physiologists call reflex, being independent of the brain.

In man and higher vertebrates the two main substances, viz.: the gray and the white, are very distinctly marked. The white substance is entirely composed of white or medullated nerve-fibres, and as such merely a conducting apparatus. It is, as all physiologists admit, only the gray substance that we are entitled to consider as a real nerve-center. This gray substance forms a mantle around the whole periphery of the brain; forms the large nuclei—the lenticular body, the corpus striatum, the thalamus opticus, and the corpora quadrigemina, farthermore it forms a lining around the cavities, or ventricles of the brain, and at last forms all the clusters or strands, from which the peripheral nerves arise, the latter being either centrifugal or centripetal in their course.

In the spinal cord the gray matter forms the center, with elongated anterior horns, that serve for the emanation of the centrifugal or motor nerves, and posterior horns, which receive the centripetal or sensory nerves, which fact was long since established by Sir Charles Bell.

Examining the minute structure of the gray substance of higher vertebrates, with low powers of the microscope, we at once are struck by the fact that very numerous, comparatively large, angular and nucleated corpuscles are present, the ganglionic corpuscles, from each of which arises at least one fine offshoot, the axis-cylinder, which constitute the nerve proper. Such corpuscles are present in layers within the mantle of the gray substance of the brain, in rows and irregular clusters in the large gray nuclei and in the collections at the origin of all cerebral nerves. In the spinal cord we meet with a large number of ganglionic corpuscles, arranged in several groups, in the anterior horns, which we know to be motor centers; whereas no such bodies are found in the posterior horns. Here and in large territories of the gray substance of the brain we

see only nuclei, either irregularly scattered or arranged in regular rows.

There cannot be any doubt that the ganglionic corpuscles are real nerve-centers. Aside from the fact that we directly see nerve-fibres emanating from or inoculating with such corpuscles, there are facts of daily occurrence, facts settled by physiological research, and facts of morbid changes, diseases of the brain and spinal cord, that positively allow the statement: the ganglionic corpuscles are nerve-centers. As to the nuclei of the gray matter, strong arguments can be brought forward in favor of their being nerve-centers, as are the ganglionic bodies.

Let us consider some of the proofs that ganglionic corpuscles are central organs of the nervous system.

The embryo in the womb is the result of a combination of particles of living matter from both father and mother, viz.: the spermatozoids and the ovum. The embryo is alive from the very moment of conception; its heart begins to move shortly after impregnation; everything in the embryo is growth and motion. Nevertheless, the embryo gives no sign of life till the time between the fourth and fifth month of pregnancy, when it begins to kick. This is the very period when the ganglionic corpuscles begin to form in the anterior horns of the spinal cord. Up to this time the spinal cord has consisted only of a granular mass, with numerous nuclei imbedded in it. As soon, therefore, as centers are established in the spinal cord for motions of the muscles of the extremities, these muscles begin to become active- causing motions that we call reflex or automatic.

Since Sir Charles Bell we know that the destruction of a certain group of ganglionic corpuscles in the anterior columns of the spinal cord, artificially produced in animals will result in the destruction of the capacity for motion in certain muscle-groups of the extremities. We at random can paralyze either of the upper or lower extremities, or all of them, without destroying the life of the animal.

When blood escapes into the gray matter of the brain in the vicinity of the fossa Sylvii, or of the lenticular nucleus, mainly in the left hemisphere of the brain, a fact first brought to our knowledge by Broca, the result will be a more or less complete loss of speech, the so called aphasia and alalia. Looking into the spot of gray matter thus affected, we invariably will find a considerable number of ganglionic corpuscles destroyed, and others in a fatty, or waxy, or calcareous degeneration, rendering them unfit for normal function. The conclusion is thus arrived at, that the ganglionic corpuscles destroyed by the apoplectic fit must have been the centers for speech. Hemorrhage into, or pressure from without upon, the anterior columns of the spinal cord will invariably result in the destruction of the mobility of single muscle-groups of the extremities or the whole extremities. If certain groups of motor ganglionic corpuscles in the anterior horns of the spinal cord be gradually destroyed by disease, first a weakening, later a loss of the mobility of the extremities will be the result, independently of the brain, as was proven by Brown-Séquard.

I have collected a number of facts which enable us to positively maintain that the ganglionic corpuscles are true nerve-centers, and in them must be localized the control over the motor action of the muscles. Somewhat more complicated are the motor centers in the brain, especially in its mantle. As to the central nature of the strands at the base of the brain all doubts have long since vanished.

Fritsch and Hitzig first demonstrated the fact that if certain points in the gray mantle of the brain of a living anæsthesized cat be stimulated by means of the electric current, twitching of the extremities will result. This discovery strongly confirms the assertion of Meynert, that the gray mantle of the brain is a spread out central organ, from which the nerve fibers run in a radiating direction into the large gray nuclei of the brain ; thence to the gray matter around the cavities of the brain ; thence to the nerve-strands, from which at last originate the nerves, running to the periphery of

the body. Ferrier's experiments have corroborated the localization of nerve-function in the gray mantle of the brain, and the theory of localization seemed to have conquered the scientific world. Exner's researches into the pathology of the brain furnished further valuable proofs of the fact that not only motor but sensory and sensual, especially optic functions, are localized in the gray mantle. Quite recently however, Goltz has denied this localization in the cortex cerebri, based upon experiments which he performed on dogs, consisting of the excision of certain portions of the brain. But Goltz, without intending to do so, has merely corroborated the theory of localization, now known for fifteen years, inasmuch as his dogs did not lose the capacity of reflex-motion, walking, eating, etc.; but completely lost the capacity of motion depending upon the influence of will, of training, etc.; such as giving the paw, standing on the hind legs, and the like. These experiments have proven that motions depending upon a certain degree of individual will may perish without the loss of mere reflex motion; the latter, I mentioned before, is retained even in a frog deprived of its head. Goltz made his experiments on dogs, in which training produces but a limited amount of voluntary motions, while the animal of Ferrier, the ape, is far better fitted for the demonstration of the fact that voluntary motions, those of training, of imitation, etc., may perish without noticeably affecting those which are purely automatic or reflex. All these ingenious experiments have, however, proven another remarkable fact, namely, that after the lapse of a certain period of time, motions may be partly or wholly re-established, which, immediately after the excision of a certain portion of the gray mantle, seem to have perished altogether. There is but one way of explaining this fact, namely, that a new formation of centers, or, speaking to the matter, a new formation of ganglionic corpuscles may take place, together with a new formation of nerves, after the excision of the original ones.

As stated above, strong arguments can be presented in favor of the view that the *nuclei* of the gray matter are likewise central organs. In the nerve-centers of lower animals, including vertebrates, they are the only conspicuous formations present in the gray substance. In the posterior columns of the spinal cord of man and high vertebrates there are no ganglionic bodies present, but only nuclei, many of which show angular offshoots similar to those of ganglionic corpuscles of much larger size. Nobody will doubt that the posterior columns are endowed with sensation, though their structure is so wonderfully simple that they pass in physiological and pathological works even in our day under the rather whimsical term of "Rolando's gelatinous substance." Excision of certain portions of this substance, or its interruption with the corresponding nerves by cutting, will result in a loss of sensation of certain portions of the periphery of the body, as first conclusively shown on dogs by Tuerck. Diseases of this and the neighboring white substance will cause pain in different parts of the body, its destruction—loss of sensation, beginning with numbness of certain parts and ending with complete sensory paralysis. I recall the excruciating pains with which dorsal tabes is inaugurated, terminating in loss of sensation, and this disease we know to be located in the posterior columns of the spinal cord, more especially in those portions of the white substance nearest to the posterior longitudinal fissure.

Whereas, most modern observers agree that both the ganglionic corpuscles and the nuclei of the gray substance are central organs, the views as to the nature of the gray substance, in general, that I have repeatedly mentioned as looking granular with lower powers of the microscope, are widely divergent. Meynert considers the outermost layer of the gray mantle as inert, namely, consisting of connective tissue, such as are tendon, cartilage, bone. Fleischl has asserted that this outermost layer is made up almost exclusively by medullated nerve-fibers, thus serving for conduction only. S. Stricker maintains that the whole gray substance is inert, viz., connec-

tive tissue, and only the ganglionic corpuscles and, eventually, the nuclei are central nerve-organs, admitting, however, that under certain conditions from the connective tissue of the gray substance ganglionic corpuscles may arise, and, vice versa, the ganglionic corpuscles may revert to the state of connective tissue.

In order to, at least, approach the solution of this puzzle, let us look a little closer into the minute anatomy of the gray substance and its constituents, omitting the medullated nerve-fibers that traverse it in different directions, and whose significance as a conducting apparatus is not questioned, and the blood-vessels present in large numbers, greatly surpassing those of the white substance.

C. Frommann of Jena, Germany, in 1867, was the first to draw attention to the fact that the ganglionic corpuscles (ganglion-cells) of the spinal cord, with high powers of the microscope, exhibit a reticular structure. He described the nucleus as traversed by a reticular network, whose points of intersection are the granules, hitherto known as nucleoli; furthermore, a delicate reticulum pervading the mass around the nucleus, and in direct union with the latter, the points of intersection being the so-called granules of the protoplasm. The same structure was found by Frommann in a number of other protoplasmic formations (cells), belonging to the connective tissue and the epithelia. He gave no interpretation of the significance of this reticulum, and came to the conclusion that possibly the same structure may be of universal occurrence in bodies, known to be protoplasm, i.e., the substance endowed with properties of life. The only illustrations this observer gave with high powers were, however, connective tissue corpuscles from the white substance of the nerve-centers, known by the name of "glia-cells," in which he depicted one or several threads emanating from the nucleus and simply traversing the surrounding protoplasm, which latter he dotted with granules, as was usual before him. No wonder, therefore, that Frommann's assertion attracted but little attention,

since his drawings were not consistent with his descriptions, and what he drew in the "glia-cells" proved to be mere delusion.

In 1873 I published a series of observations on the structure of protoplasm in general, and came to the following conclusions: firstly, that reticular structure is of universal occurrence in protoplasmic bodies, hitherto known by the name of "cells," and, secondly, that the reticulum is the living, moving, contractile, and growing matter proper, holding in its meshes a non-living and non-contractile fluid. These assertions I was able to corroborate by continuous research, extending over a period of ten years, and, in 1883, in my "Microscopical Morphology," I reprinted them. Shortly afterward I was bitterly attacked by Frommann for not giving him due credit for the discovery that reticular structure was a universal property of protoplasm, and simply stating his discovery of the reticulum in the "ganglion-cells." An amicable correspondence ensued between Frommann and myself, and he now admits in his latest publication, 1885, that the assertion of the general occurrence of reticular structure in protoplasm was a mere suggestion of his.

In 1873, I also maintained for the first time that not only the ganglionic corpuscles and the nuclei, but the gray matter of the central nervous system are reticular in structure, the so-called granules being merely points of intersection of this reticulum, which is the living or contractile matter in all protoplasmic structures.

Several years ago Spina demonstrated that thin slices of the gray substance of an animal recently killed, the tissues of which are still living, exhibit with high powers of the microscope, without further treatment, very conspicuous changes in the configuration of the reticulum, which moves, contracts and expands for quite a time, if kept in a liquid, favorable to the life of the specimen, such as warmed serum of blood. Thus, it was directly proven, that the gray matter consists of living matter in a reticular arrangement. Since that time

S. Stricker and Gustav Gærtner, in Vienna, have invented the "electric picture-microscope," by means of which the minutest structures of living and preserved protoplasm can be thrown upon a screen with enormous amplifications, up to 10,000 diameters, being plainly visible to an audience of 500 people. I am now in the possession of this instrument, and will soon be ready to demonstrate the minutest structural details of the nerve-centers, as well as of other tissues, to any intelligent audience, without the least difficulty.

What I maintained in 1873, and am now ready to show is, that, not only the ganglionic corpuscles and the nuclei, but the whole gray substance, is made up of living matter in a reticular arrangement, the reticulum being inter-connected with all structure-forms of the nervous centers, and especially in the gray substance with the ganglionic corpuscles, the nuclei, and the finest non-medullated nerve-fibers, or axis-cylinders. We see without any difficulty, that offshoots of ganglionic corpuscles go into the gray substance and split up into a number of fibrillæ, all inosculating with the reticulum of the gray matter, whereas another offshoot of the ganglionic corpuscle remains undivided and traverses the gray substance, in order to reach the white, and become a medullated nerve-fiber, sending off in its course through the gray matter only very delicate, lateral offshoots into the reticulum, never being perfectly isolated from the latter. Similar observations were made many years ago by Gerlach, who could trace by the teasing method certain offshoots of ganglionic corpuscles into the gray matter of the spinal cord, where they split up into a fine reticulum.

If the gray substance, in general, is composed of living matter, freely inter-connected with those organs that are acknowledged to be central, is it connective, or is it nervous tissue? Is it inert, or is it active and living? There is no doubt, at least to my mind, that the gray substance is nerve-tissue, and is active and living.

Let us consider the significance of this tissue, admitting, of

course, that here we must abandon the ground of direct observation and logical conclusion, and assume probabilities and speculations.

The sharply defined and circumscribed lumps of living matter, termed ganglionic bodies, are possibly centers for concrete observation, viz., the result of impressions from our senses, that we are accustomed to call positive knowledge. Surely the associations and co-ordinations in our centers are so much complicated that even an elementary fact, brought to our knowledge, must be the result of a co-operation of numerous ganglionic bodies. The idea of the letter *a*, for instance, may be separated from its pronunciation, and if we pronounce *a*, this is a result of associations of the idea, of the speech, (viz., motion of certain laryngeal muscles), and of the hearing, for we can shade the pronunciation into a great many varieties. Nevertheless it is probable that the *a* is localized in a single ganglionic corpuscle, perhaps in two, symmetrically arranged in both hemispheres of the brain. The concrete knowledge of *a*, *b*, *c*, apart from their associations, will need separate centers for each letter, and if the corresponding ganglionic body be destroyed, either the idea or the capacity of pronouncing the letter is lost, as certain cases of aphasia directly indicate. The same may be the case with numbers, such as 1, 2, 3, etc., the combinations again being derived by associations. The same will hold good for the idea of a *table*, a *hand*, a *tree;* for a patient afflicted with aphasia, in either of its forms, may have lost the idea of any of these objects, or may have lost the capacity of pronouncing them. What we learn by observation through our senses—and in fact all our positive knowledge is derived from our senses—is stored up in a ganglionic corpuscle already existing, or for each addition to our concrete knowledge a new ganglionic corpuscle is formed which enters, by frequent repetition of the impression, into association with a number of other ganglionic corpuscles. The gray matter of the brain of a new-born child has much fewer ganglionic bodies than that of an adult, the latter being storage-

rooms for acquired experience and knowledge. Still there are men, whose brains, without being anomalous, on account of lack of learning remain in an infantile condition, viz., poorly supplied with ganglionic corpuscles. It has been shown that in certain coal districts of Wales, a miner uses during his whole life-time a vocabulary of not more than 500 to 600 words. Compare this man with a genius, like Shakespeare, who had control over 15,000 words, more than any writer before or after him. Would it be going too far to maintain, from what has been stated above, that the genius had that many thousands of ganglionic corpuscles more in his gray matter than the coal-miner? And could not the coal-miner or the poor negro-slave be brought up to a fair standard of intelligence by learning, by education?

Evidently it is not the size or the weight of the brain, nor the depth of the convolutions, that determine the degree of intelligence, but it is the amount of gray substance, more especially, the number of ganglionic corpuscles, lodged therein. Their number may be increased by learning and observation throughout life-time. Nobody ought to become old and rusty if he constantly use his mental tool, the brain. How few people are enabled to produce original ideas, and open new pathways in science or art? Very few, indeed. A maority of men are simply reproducing, by means of routes of association, what they have learned or observed. The vast majority are doing still less, being limited to reflex or automatic action, much on the plan of the sparrow, whose whole performance during life consists in picking grain and making youngsters.

The gray substance in general, on the contrary, may be the seat of nerve-actions, that we call diffuse or abstract, such as hope, fear, fancy, dreaming, general sensations of pleasant or unpleasant nature. The gray matter being continuous with the ganglionic bodies, will cause reflex-motions and reflex-sensations, even during dreams, and all that is under the control of a slight plus or minus of the afflux of the nourishing mate-

rial, the blood. Mental disturbances are based upon this factor, for melancholy is caused by anæmia, acute mania, on the contrary, by hyperæmia of the gray substance of the brain (Meynert). All psychoses must depend on a material change of the living matter of the gray substance, though often not traceable either by the naked eye, or even by our highest amplifications. Functional disturbances do not exist, though we often are at a loss to trace out the change in the living matter. It is only our limited knowledge on this matter, that allows us to use such terms as "mental disease" or "psychosis." Were we sufficiently advanced in the knowledge of the localization in the gray matter, we should only speak of diseases of the brain, and properly localize them, in this and that convolution, in this and that system of associations.

During the last forty years, a marked tendency has prevailed among the acutest biological and experimental observers to demonstrate the localization of all functions of the animal body in the gray matter of the nerve-centers. Flourens was the first to attract attention in this line by showing that there is a point at the floor of the fourth ventricle, the "nœud vital," a lesion of which is followed by the instantaneous death of the animal. Later came the discrimination between motor and sensory centers in the gray substance of the spinal cord; still later, the researches on the nerve-strands at the base of the brain. At last successful experiments were performed demonstrating the localization of motor, sensory and sensual functions in the gray matter. It is but one step forward, if we try to localize these functions in the reticulum itself that traverses all formations of the gray substance. An impulse starting in a motor ganglionic corpuscle will be conducted centrifugally through the axis-cylinder, the nerve proper, this being in intimate connection with the reticulum in the interior of the ganglionic corpuscle, and result in motion. Vice-versa, an impulse or injury applied to the periphery of the body, where the delicate reticulum of living matter is again in connection with the ultimate nerve-fibers, the

axis-fibrillæ, will be conducted centrifugally and be felt as an unpleasant sensation, *i.e.*, pain. The centers of sensation being interconnected with those of motion, immediate action is set up within the routes of the gray substance of the spinal cord, becoming manifest as motions of defense or protection, in a purely reflex or automatic manner. The subsequent actions are voluntary, subject to will, and as such under the control of the brain, and its association-systems. These are results of thought or passion.

I am standing in a car, not thinking of anything wrong and suddenly an awkward neighbor steps upon the pet corn of my little toe. What is the result? I jump aside. This is reflex-action. Next comes thought, and I apologize to my neighbor for having kept my foot in a position so unfavorable to him, or I offer him my toe once more, if I am a good Christian. A rough will raise his right arm and try to strike the man, who was incautious enough to cause him pain.

An experience acquired during life will be deposited in some locality of the brain, possibly as a certain figure of the reticulum of a ganglionic body, and this figure lasts, comparatively unchanged, for years or for life. Accidentally or under the influence of the will this figure will be brought back to consciousness, and here we have the explanation of memory. When a small boy I was made drunk by workmen, who transported wine in barrels into the cellar of a neighbor's house. The unpleasant sensations deposited at that time in my brain were so strong, that they served as an apparatus of safety, keeping me from indulgence in spirits all through my life, and, I hope, will serve through the rest. Experience is the only teacher of animal and human life. A child does not know how painful a burn is until it touches a heated body, neither has it fear of the knife until it has cut itself. What a single individual learns by experience in the line of self-protection, the whole community has learned also, and the aim of our laws is, or rather ought to be, to render an obnoxious individual harmless. We do this in a somewhat radical

way by hanging him. Are we really entitled to destroy the life of a criminal as the simplest means of punishment, without making attempts at the improvement of his brain by teaching, by education?

What the impulse is that makes us move and feel, think and speculate, we do not know. I would be the last to shake anybody's religious faith in the belief of the existence of a soul. Where knowledge is wanting, faith takes its place, and this is done by everyone to suit his personal comfort. One thing, however, we must admit, viz., that function without matter does not exist, though we are unable to understand or analyze the function of the gray nerve-matter in its wonderfully complicated manifestations. Happy the man who finds comfort and consolation in matters of belief; for, as the Scripture has it, "Blessed are the poor in spirit, for theirs is the kingdom of heaven."

The living matter in general has the same properties in its simplest forms, for instance, in an infusion animalcule, just perceptible with an amplification of 500 diameters, as in the most complicated, or, as we fain call it, most accomplished individual, man. Division of labor has led to the formation of nerve-centers, in which, in most people, the action is purely automatic or reflex. Individual will is a very precarious thing, and again the result of associations, of individual judgment, based upon the principle of utility. A few thousands of ganglionic corpuscles more will render the individual a philosopher, a legislator, a tyrant, a genius. A few thousands less make a good fellow, an average being, an idiot, a beast. A few associations less caused by embryonal development or by the interference of morbid processes, will make a crank, a scoundrel, a swindler, a criminal.

If all this be the result of localization in the gray matter of the central nervous system, what lesson ought the lawyer and the judge to learn from our physiological and pathological knowledge? The great lesson, indeed, to be forbearing, merciful, humane. Everyone of us acts exactly as he is

obliged to by the temporary or permanent condition of his gray matter. If he acts in a manner injurious to the commonwealth, make him harmless. If he be unable to judge about the results of his actions, lock him up, teach him, educate him, cure him, if you can. If he be incurable, detain him for life, never forgetting to care for his personal comfort. Our most advanced experts in lunacy more and more abstain from measures of constraint, and recommend instead education and humane treatment. Why should the lawyer restrain from similar principles and render the criminal a mere shoe or hat-making or washing machine, or, still worse, punish him by cutting off the air from his windpipe? A wit once remarked that the United States is the most civilized community in the world, for here more people are hanged than anywhere else. Will the time ever come when true humanity will prevail even in our laws? Education will, I think, do more good in preventing crimes, and in rendering criminals harmless, than even the severest chastisement.

FRAUDULENT DAMAGE CLAIMS IN RAILROAD ACCIDENT CASES.

By C. J. Cullingworth, M.D., M.R.C.P., London,
Lecturer on Medical Jurisprudence at the Owens College, Manchester, England.

(Read before the Medico-Legal Society, June 17th, 1885.)

It is probably no exaggeration of the truth to say that scarcely a single severe railway accident occurs, without its being followed by an attempt to extort money from the railway company, and after most accidents, several such attempts are made. Even passengers who have sustained real injuries seem to find it exceedingly difficult to avoid exaggerating their symptoms and claiming exorbitant damages. Accident insurance companies suffer, in this respect, equally with railway companies. Both have come to be regarded as legitimate prey, and persons who would scorn to defraud each other, and who, in all the ordinary relations of life, are perfectly honest and upright, have apparently no greater qualms of conscience in endeavoring to cheat these companies than they have in evading the income tax. In both instances the standard of public opinion is lax and its morality low. This seems to me the only reasonable way of explaining how it is that there are members of the medical profession, whose honesty in other respects is beyond suspicion, who do undoubtedly from time to time aid and abet these defrauders. The habit of regarding as a light matter this particular form of immorality is contagious, and its demoralizing influence can be abundantly traced in medical certificates, and in the evidence which is constantly given in courts of law by medical witnesses engaged in railway and other cases of compensation for personal injury. It is well, therefore, that now and then something should occur to bring home to our minds the fact that there is, after all,

merely a difference of degree between exaggerating a symptom (for the sake of obtaining larger damages) and fabricating one, and that the one is scarcely less immoral than the other.

The following is perhaps one of the most daring examples of fraudulent claim that has been recorded, inasmuch as the claimant was not even present at the accident during which his injuries were said to have been received. The formidable list of symptoms set forth in his statement of claim turned out to be entirely fictitious, with the single exception of the group referring to the condition of the eye, which organ was afterward found to have been damaged, not by injury, but by old disease.

Yet even in so extreme a case as this, the phraseology employed almost forces upon us the unwelcome conviction that a member of the medical profession, or, at least, some one who had received a medical training, had assisted this man, he himself being wholly illiterate, in drawing up the document that he presented.

I have to thank my friend, Mr. R. Dacre Fox, of this city, the chief medical officer to the Manchester, Sheffield & Lincolnshire Railway Company, for permission to prepare, from his notes of the case, the following brief abstract. The statement of claim is a verbatim copy of the original:

On May 15, 1883, an accident occurred to an excursion train near Grimsby, in Lincolnshire. Three days subsequently, a middle-aged laborer, named John Fox, sent in a claim for £500, as compensation for personal injuries alleged to have been received during that accident. Shortly afterward he commenced an action against the company for the recovery of the amount claimed, and in the month of December he furnished the following particulars, in writing, of the injuries alleged to have been received:

"1. A shock to the nervous system.

"2. Wasting of muscular tissue and consequent muscular debility, with marked loss of body-weight.

"3. Impairment of vision, with irregularity of pupils.

"4. Impairment of hearing.

"5. Loss of memory, and sleeplessness; nervous irritability.
"6. Headache (constant); vertigo.
"7. Epileptiform seizures.
"8. Incontinence of urine (late symptom).
"9. Spinal tenderness, specially marked in the dorsal and lumbar regions, with vague pains about right shoulder and chest.
"10. Urine of low specific gravity (free from albumen and sugar).
"11. Impaired muscular co-ordination.
"12. Abnormal sensations in various parts of the body.
"13. The above symptoms are all progressive.
"14. The injuries are probably permanent.
"15. The plaintiff is unable to drink his usual allowance of beer (moderate), on account of exaggerating the nervous symptoms above set forth."

The plaintiff, who was unable to read or write, was examined on the 14th December, by the company's medical officer, in the presence of three other medical men, including the plaintiff's own medical attendant. It was then ascertained that there was no evidence either of wasting, or of muscular inco-ordination, or of loss of muscular power, or of incontinence of urine. The right pupil was dilated and inactive, and an ophtalmoscopic examination revealed extensive disease of the choroid of the right eye. The man admitted that his sight had been failing for three or four years. No satisfactory account could be obtained of any epileptiform seizures, and the description given of the subjective symptoms was altogether contradictory.

On receiving the medical officer's report, the company instituted further inquiries, and obtained permission to put certain questions to the plaintiff. In answer to these, the plaintiff swore an affidavit alleging, *inter alia*, that he was a passenger in the train at the time of the accident.

When the case came on for trial, the plaintiff did not appear. Judgment was thereupon entered for the defendants, and a warrant being obtained immediately afterward for the plaintiff's arrest on a charge of perjury, he was brought up for trial at the Nottingham Assizes, in November, 1884.

It was then proved that the prisoner had been seen in Not-

tingham and its neighborhood by several persons on the day of the accident; that a friend who had been in the accident had met him on the following day and given him a full account of it; that, although he continued to lodge in the same house from the time of the accident up to November, 1883, his landlady never heard him speak of having been in the accident, or knew of his having been under medical care in consequence; that, in September, he had offered his landlady ten pounds if she would go to his solicitor and state that he had injured his back and lost the sight of one eye in the accident, and that his landlady had refused the offer, because she knew that the eye had been lost long before he came to lodge with her. On the other hand, no witness was produced who had seen the prisoner in the train, or at the scene of the accident, and there was no evidence of his having consulted a doctor during the first five months after the accident.

The jury found the prisoner guilty, and he was sentenced to twenty months' imprisonment, with hard labor.

In passing sentence, the judge said that the prisoner had been convicted of a gross and abominable fraud upon evidence as clear as he had ever heard in a court of justice. It would be impossible for any human being who had been present during the trial to believe for one moment that he had been in the accident.

POISONING BY EXTRACT OF CONIUM.

By Augustus J. Pepper, M.D., of London.

(Read before the Medico-Legal Society, Sept. 23, 1885.)

An inquest was held on July 16th, by the coroner for Central Middlesex on the body of an infant aged eight months. The doctor who attended the patient for irritability associated with teething inadvertently prescribed 20 grains of the extract of conium (British pharmacopœa) for a dose. Through the intervention of the chemist who dispensed the drug, only 5 grains were administered, but this proved sufficient to cause death. At the request of the coroner, I made the post-mortem inspection, and analyzed the mixture and the contents of the stomach. The body was well nourished, and showed no evidence of organic disease. There were the usual signs of asphyxial death. The stomach contained nearly half a pint of semi-digested food, consisting chiefly of altered milk. Upon adding liquor potassæ, a strong smell like that of mice was developed. The contents treated with ether yielded on evaporation light green oily drops, which on the addition of hydrochloric acid gave a crystalline deposit of hydrochlorate of conium. Several other agents were employed, and these served to confirm the previous results. The mucous membrane of the stomach showed no traces of irritation. The fatal period was seven hours, during which time the legs became completely paralyzed, and the pupils dilated. The arms and head twitched occasionally, but there were no eclamptic convulsions. The breathing became purely diaphramatic, and finally the child died from slow asphyxia. It may be noted that there was complete absence of vomiting.

My object in bringing this case before your Society is to place on record the fact that in spite of the distrust in which

the extract of conium is generally held by the profession in England, on account of its variable strength—a circumstance largely owing to the mode of preparation—it may yet contain sufficient quantity of the alkaloid to kill when the official dose is greatly exceeded. The pharmacopœa prescribes for an adult from 2 to 5 grains, and taking the proportionate dose for the age of the deceased infant, about ten times more than was warranted by official sanction was given. English physicians very rarely order the extract, nor in truth any other compound containing conium, except the succus. By a singular coincidence the doctor consulted in the above case not only prescribed four drachms of the mixture instead of one, but also by mischance wrote "extract" in place of "succus."

The jury returned a verdict in accordance with the evidence, and censured both the doctor who prescribed the medicine and the chemist who dispensed it.

TRANSACTIONS OF SOCIETIES.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

DISCUSSION OF THE CASE OF YSEULT LUCILLE DUDLEY.

April Meeting, 1885.

Prof. Carnochan: I think that this case is one of interest, and I should like to make a few remarks on the peculiar condition of mind that led this lady to perform an overt act which indicated insanity. It could not be called a sane action, because there was not motive enough or basis enough for her to play the murderess to take the life of a person who was personally unknown to her in a fit of exaltation or patriotic delusion. The subject embraces a very important judicial aspect of insanity.

You may ask what kind of insanity this is under discussion. It might be called, and I suppose will be called by some, "emotional insanity;" and it is probable that morbid emotions were the cause of Mrs. Dudley's action. This suggests the question of what insanity is, and I may say a few words on what I believe to be the basis of this peculiar form of mental delusion.

What is the source of insanity? Where is it located? Is it in the brain or in some of the organs which were, among the ancients, supposed to be the seat of certain emotions? Modern science places all insanity in the brain. The brain is an aggregation of organs, and each organ has its particular function. When all these organs work in a state of harmony we have what may be called, in ordinary language, sanity, but should any of these organs, either collectively or individually, become disturbed or changed in action or function, there is a

deviation or departure from sanity, and then we get insanity. This appears to be the basis of all the different conditions to which so many terms of nomenclature have been applied. In this case we see a lady, a professional nurse for the time being, who is living in an isolated manner, who, either on a sudden thought or after slow calculation, walks out alone and shoots at an individual with the intent to kill him, as she said herself.

Now, wherein lies the origin of all this? Had she a motive? She never saw the man before. Had she a reasonable motive? Certainly not. She was not in a condition of life to comprehend such an act as a necessity; therefore, we have to look for a morbid condition of some kind in her organization, and then we ask where is that organ situated?

The subject is so lengthy that I am afraid of infringing upon the patience of the audience, but it is not unimportant. There never will be a correct understanding of insanity, such as the average mind can be made to comprehend, until there is some basis upon which to define the term insanity. The introspective mental action of the old metaphysicians wandered away from giving any definite idea of healthy mental philosophy or healthy mental action.

From their basis of reasoning it was not possible for the alienist to give a proper definition of the *mens insana*. The *mens sana* having had no definite basis for its definition, how could the insane mind be correctly comprehended or defined by them?

Medical men, at least some of them, will say that insanity is a disease of organism; that it is not what may be called a disease of the mind, but a disease of the organization which produces disease of the mind, and the disease of the mind is a subsequent and not the original *per se* affliction.

If we look at the organization of the human body, none can deny the functions of the splanchnic organs, such as the heart, the liver, the kidneys and the lungs; but the functions of the brain have been up to the present time an obscure subject not

only to metaphysicians, but to the physicists who depend upon organization for their reasoning. But the physicists, or those men who rely upon organization, have made a wonderful degree of progress by the analysis of the different organs connected with the nervous system. For example, not very long since, in 1810, or thereabouts, no one knew the functions of the spinal marrow with any degree of exactitude, until Sir Charles Bell and others proved that the anterior part of the spinal marrow was mainly necessary to motion, while that of the posterior was the seat of sensation. Further than this, they proved that the anterior roots of nerves which came out from the spinal marrow were nerves of motion, and those which came from the posterior of the column were those of sensation. So far, so good; but that was only a part of the nervous system. Afterwards, in the progress of time it was ascertained that certain portions of the brain had peculiar local functions. For example, the function of articulate language is generally believed to be situated in a particular convolution of the frontal lobe, because when that part is diseased persons cannot articulate; they cannot even by signs make themselves understood, as the idea itself is clouded. This is called aphasia, of which there are several kinds. Articulate language is a species of cerebration, which is as much mental as the ratiocination of a mathematical problem. The brain is known to be an aggregation of organs. It is generally divided into four sections. Physiologists have proved that the emotions are seated in one part of the brain, intelligence in another, animal propensities in another, and the moral sentiments in the fourth. In this case we may ask in which division of the brain was the perturbation located? Was it in the emotional department, the intellectual, the animal, or was it a combination of all? It appears to have had its origin in the purely emotional part of the brain, we come then to the intellectual portion. The emotional part gives false premises, consequently the intellectual part false reasoning. Reasoning cannot be correct upon false premises, therefore, the will

acting through morbid emotions perpetrated an insane act, because the diseased part of the brain disordered the action of the intellectual part. It may be asked how does the emotional part of the brain become diseased so as to create the false premises? It is well known that the female is liable to peculiar hysteric influences, and that she possesses certain organs allied to maternity with which the brain sympathizes in a wonderful degree. We see this illustrated in hysteric and puerperal mania. This lady had passed through a great deal of mental trouble. She had experienced much disappointment in life, and had been subjected to a great many trials, domestic and otherwise. She had been deceived by a supposed husband, had borne children and lost them—children in whom her affections were centered.

In some sensitive minds excessive emotion is all that is required to upset the intellect for the time being. This will afford an explanation of a great many kinds of insanity about which we hear results that are perfectly appalling. In this very city an alienist *per se*, a special student of insanity, breakfasts with his wife in the morning and goes out to pay professional visits, and comes home to find his children—"all his pretty chickens," like MacDuff's—gone, and his wife also destroyed by her own act. He had no idea of insanity existing in this woman's brain, but was her action a sane one? There must have been something wrong in the great center of intelligence. Emotional influences had been at work upon her for a long time, and either produced a general neuræsthetic condition of the whole brain, or weakened the intelligence, and the emotional organs becoming diseased, and the intellectual part becoming disordered and perturbed, we have false premises from great emotion, wrong reasoning, and the act of a person beyond the range of sanity. I should like to know how such kinds of action can be explained except by acknowledging that the brain is the organ of the mind, and that when that organ becomes diseased, then comes diseased action or insanity.

The study of the evolution of fœtal life, from the germ to the full grown animal, and the influence of organization upon mental manifestations, would support the belief that what I am saying must ultimately be the basis of what may be called the definition of insanity. At present no two authors give precisely the same definition.

The Professor then explained by means of a diagram the arrangement of the brain, and showed how localization was determined. He said: Localization is not a myth by any means. I hold in my hand pieces of a skull that I took from a person laboring under certain manifestations of mental disturbance and partial paralysis. He was a patient in the hospital where I was in attendance. The muscles of the forearm, of the neck and of the left side were all in a condition of muscular rigidity. The whole muscular system of voluntary motion was in a state of derangement. The history the man gave showed that he was conscious of the manner in which he got into such a condition. He was a blacksmith, and had been struck over the head with a bar of iron. There was a slight indentation made in the skull that pressed on the brain. All the trouble was caused by the pressure on that particular part. I relieved the pressure by removing the piece of bone with the trephine, and for a while he was much better, but in the course of ten or twelve days inflammation set in, and he died in convulsions.

Experiments on the monkey have proved that these very parts are the seat of locomotion. This is what physicians mean by localization; consequently, if localization can be established in one part of the brain, inferentially it must be established in another. Now, in a more general way, certain parts of the brain are centres of certain functions. Suppose one part of the brain to be healthy and another part unhealthy. Here we have false premises, and there we have the intellectual part perfectly sound. If the emotional part is affected and the intellectual part in a healthy condition, we may have false premises and yet correct reasoning, from the perverted

emotions, or we may have false premises and imperfect reasoning. Suppose we apply these principles to the form of insanity before us. This woman had gone through a long series of troubles. She loses her children ; her nervous system is in a state of partial paralysis—not the paralysis of absolute want of power, but the paralysis of debility. From some cause or other the emotional part of her brain becomes more or less diseased, either by congestion or by change in the cells of the gray matter. This creates an artificial condition of the brain, producing false premises. The reasoning part of the brain, being reduced to a state of neuræsthenia, does not reason correctly. She then falls into a condition of confused mental activity. The emotions still urging her on with the false reasoning, after the fashion of Charlotte Corday, she desires to kill the person whom her imagination causes her to believe that if he were out of the way everything would be set right in regard to the troubles of her own country. Thus we have a reasonable explanation of this kind of insanity, and cases allied to it. The whole brain may not be diseased, but parts of it. The emotional part and the intellectual part are both in a morbid condition, consequently you get false premises and false reasoning. We might ask what sort of disease is this which affects the brain. This is a study. The brain is liable to a number of morbid conditions that are not organic in their character. We have softening of the brain producing certain symptoms. We have hardening of the brain producing certain others. We have another condition of the brain which is at the root of a great deal of insanity, and that is the neuræsthetic condition, where the brain becomes functionally deranged just as some of the organs of the body become functionally deranged. How many hearts in this country during the late civil war became functionally diseased ? How many suicides occur from domestic and business troubles ? But you cannot say in these cases that the brain is diseased to the extent of a change of structure, because such brains after a time might tone down to their normal condition. Now, this may

appear all very trite, but the more we reflect upon what I stated just now to be the best definition and explanation of insanity, the more shall we find the necessity for some organic basis to explain its different phases. The reasoning of the old metaphysicians will not answer. We must advance with the times. When we see the number of mentally overtaxed people who, in certain respects, act sanely,—lawyers, doctors, men and women of all classes, none of whom thus placed are exempt from the peculiar conditions of the mind which lead to self-destruction, and, in many cases, to murder, another question then comes up: How far does responsibility go in these cases? How far is a person who commits such acts, either upon others or upon himself, responsible to the law of the country in which he lives? This is a question that has exercised the minds of many lawyers in England and this country. In the celebrated case of Guiteau, many doctors, learned doctors too, said that he was insane, while many others said that he was sane and amenable to the laws which govern acts of that kind, showing how widely opinion differs. Now, to obtain anything like a correct judgment upon such a matter you must have some basis for correct reasoning. In regard to this lady, Mrs. Dudley, I should say she is not amenable to the laws, as far as personal punishment goes.

Cases of insanity are sometimes cured, and her condition may be of that kind, but when she committed the act—being the victim of false impressions—I do not think she was a responsible person to be treated as a criminal or held to strict legal accountability. A great deal more could be said upon this subject, but I give this glance over the case, which I think is only a type of many others which come before us every day.

You find even acute lawyers, capable of attending to business, laboring under false premises, destroy themselves. Not many years since a partner in a well-known law firm here, who was perfectly rational as far as ordinary things went, imagined he had a certain malady, from which he only partially suffered. I advised him to travel, which he did; he went as

far as Savannah, and then came back, saying he could not stand it. I told him to try and amuse himself. He would attend Court occasionally, and listen to what was going on. I made an engagement with him to meet him at his house at a certain hour, to assure him that his ideas about his malady were wrong. As I was leaving my house for that purpose I was unexpectedly detained by an urgent call. I had just started again when the bell rang. I opened the door and a servant met me, saying, "For God's sake, come quickly, Mr. —— has shot himself," which proved to be true, as, on reaching his bed-room, I found him dead, with a bullet in his heart. In that case I do not believe there was any softening or hardening of the brain, but there was an emotional condition which gave the individual, strong minded as he was, false premises in regard to himself, a gloomy foreboding haunted him continually, which so disordered his reason that he concluded to shoot himself rather than continue to live.

So much for emotional insanity.

Mr. Clark Bell.—The case presents some very important questions quite new to our jurisprudence.

Twice arrested in England on criminal charges for attempted homicides, Yseult Lucille Dudley is found insane upon competent medical testimony. She is legally adjudicated a lunatic, and committed during her Majesty's pleasure as such, to the asylum where the lunatics who have attempted or committed crimes, are confined.

She thus becomes by judicial action the ward of the Government, and under its direct charge.

The question of her sanity is *res adjudicata* by the decision of a court of competent jurisdiction, and it has been a source of surprise that our authorities should not have regarded and treated her as insane.

She is not the proper subject of an indictment. She could not now, in any court in Christendom, be convicted of homicide. Her insanity is a matter of public notoriety.

If the law officers here entertained a doubt as to her mental state, it could have been set at rest by a properly organized medical inquiry under our statute, which would have rendered an indictment unnecessary and impossible, and authorized this unfortunate lady to have been at once placed where she would have had the best of medical attention, and saved placing her in a prison.

It should be obligatory upon our law officers having cases of this character in charge to make the preliminary inquiry provided for by our statutes, for at least two reasons:

1. In the interest of humanity, and to give the insane person as early as possible the benefit of scientific remedial treatment, and to prevent what would be most certain to occur, in increasing and intensifying her malady by incarceration with felons, and companionship with criminals in a prison cell.

2. To avert and avoid the cost and expense of such a trial to the people, in which there would not be a remote chance of conviction.

The expense of such a contest is no slight thing, while the excitement and ordeal of a trial to the accused known of all men to be insane, and so adjudged by the legal tribunals of a country with whom we are on friendly terms, could under no circumstances improve her mental condition, but would rather delay, if it did not effectually prevent her cure.

A more intelligent and humane view of our criminal statutes would have been vastly more to the credit of our prosecuting officials, and nearer that progress and advance which scientific studies have made in cases of this character.

A still more important consideration is presented by this case. We must, of course, assume that no conviction can follow if our district attorney should ever proceed upon the trial of the indictment.

If a doubt remained of this we should await the result of the trial before we discussed the case, either upon the law or the merits, but no such doubt exists in any mind at all familiar with the facts.

The questions presented are, how far the English Government, who have taken the responsibility of discharging a properly committed lunatic, is responsible for her acts when at large, who has twice attempted homicide when afflicted with that type of insanity which all alienists agree is subject to recurrent attacks, with intervals of apparent lucidity.

If English newspaper statements can be believed, it was through the intercession of friends that her Majesty's Minister, consented to her discharge, upon the promise that she should come to America. This seems too incredible to be believed.

It is quite certain no insane criminal confined in an American asylum would ever be discharged upon condition that she should be removed from our country, and sent to England.

But whatever may have been the motive of the discharge, or the facts as to its details, the consequences must be charged to this official act of the secretary.

No intelligent alienist, if consulted, could have advised her Majesty's Government that Dudley would not be liable to recurrent attacks. Every indication pointed in that direction. These cases fill our standard works, and are well known to all physicians skilled in mental diseases.

We have here as undisputed facts, that this lunatic, twice committed as insane, after repeated attacks of homicidal character, is set at large, and we are confronted with the care and charge of this case in our asylums.

It seems to me to be the clear duty of the British Government to assume the charge of Dudley, and that she should be transferred to Broadmoor Lunatic Asylum, from whence she was unfortunately discharged, upon a request made by the English Government upon our own.

It is so directly due to the mistake of the English official that we should expect that the comity of nations, would impel them to repair their error, and relieve our courts and people from the charge of what seems clearly to be shown a lunatic of manifest homicidal propensities, in whose case there is no probable cause to hope for permanent cure, and who, while

she may have even lengthy intervals of apparent mental calm, is liable at any moment and almost without premonition, to commit the gravest of crimes.

MEDICO LEGAL SOCIETY.

DISCUSSION OF DR. HEITZMANN'S PAPER.

Meeting of May 20th, 1885.

Mr. Moritz Ellinger said:

Mr. President: It is with diffidence that I rise and ask for the privilege of making a few remarks regarding the learned dissertation we have just listened to. It is more with the view of opening the discussion and with the hope of bringing out the opinions of the eminent scientists and erudite gentlemen that I see around me. I know that I express the views of all assembled here in tendering thanks for the instruction and information afforded us on an object so abstruse and almost obscure, as the organization of the brain, and certainly no one is more competent than the renowned lecturer to do justice to such a subject. What I chiefly wish to point out and which probably is an object for difference of opinion, are the conclusions evolved from the scientific facts unfolded to us, and probably more the insinuations thrown out between the lines, than the positive assertions. Let me quote, if I can do so accurately, the words of the professor: "Individual will is a very precarious thing, and again the result of associations, of individual judgment, based upon the principle of utility." "Everyone of us acts exactly as he is obliged to by the temporary or permanent condition of his gray matter."

This language, of course, must refer to normally constituted brains and to every individual of society. People are the slaves of the accidental composition of their gray matter of brain, and compelled to act out the chemical changes that at haphazard may take place in that mechanism of intellect. Individual will would in reality be a very "precarious thing" if that were so, and responsibility would be something which

society, as a matter of self-protection, were compelled to invent, but which, in fact, has no existence. We are, according to this theory, the unfortunate creatures of an unfortunate fate, without power to rise superior to it. Bacon and Newton, Plato and Aristotle, Alexander and Napoleon, Gallileo and La Place, deserve no credit for their great achievements, as little as Webster, Booth, Guiteau, and the murderer of William of Orange deserve blame for what they have done. They were mere machines, automatons if you please, following the bent of the accidental composition of the gray matter of their brains; history, progress, civilization, education are lies, mere names that signify nothing. The learned professor tells us we should not punish the transgressor of social, of moral laws, but educate him! What avails our civilization if we know not how to regulate the chemical process of the gray matter? And he has not told us, nor has any one else ever suggested, that I am aware of, how to influence for better or worse that all important process. It seems to me that our learned naturalists and biologists commit one grave mistake in their endeavor to prove too much, and are drawing conclusions from premises that are yet mere theories. I believe in division of labor. The naturalist ought not to pass beyond the legitimate sphere of his investigations; apply his scalpel, his microscope, his spectroscope, for the purpose of compelling nature to disclose secret after secret, of increasing our knowledge by an increased divulgence of the wonderful laws operating the mechanism of nature, and let the philosopher do the part which belongs to his function. After all, the sum and substance of our knowledge is but a recapitulation of what we have learned in the school of nature, what observation has taught us, excepting certain ideas, conceptions, and beliefs which seem to be innate, the origin of which we can not explain and which are peculiar to man only. If it were true that we can not conceive anything beyond the suggestions of experience, how did mankind arrive at the conception of God, of an immaterial soul, of those fine shades of ethical amenities

that withdraw themselves beyond the range of experience? Even such a great psychologist and biologist as Du Boys-Raymond despairs of ever comprehending the evolution of mind, intellect and thought from matter alone, and even Virchow disputes the claim of Haeckel for the theory of evolution as a system established and proven. The former exclaims: "*ignoramus—ignorabimus;*" humble layman as I am, I must say I am ignorant in these matters, and I regret to say that even the learned disquisition, attentively listened to by me, has not made me any wiser. After all, mankind at large does not look to scientists for a revelation of things beyond the sphere of their special investigation. La Place could not find God in the universe, the mechanism of which he had made his study, but mankind was not disturbed thereby, as nobody commissioned him to make the search; Professor Yaeger, on the other hand, tells us he has discovered the soul in such an unæsthetical matter as the odor of the human hair, but mankind does not believe him either. They prefer to join their faith to the asservations of simple minded, not college-bred, nor microscope-armed teachers like Moses and Jesus. Farathushtra and Budda and "vox populi vox Dei" is a proverb grown out of the experience of centuries—let us humbly make some concession to that venerable dictum!

THE DISCUSSION OF DR. SAVAGE'S PAPER.

Meeting of June 17th, 1885.

Roger Foster, Esq.—The part of the paper that most interested me was the suggestion that, where one of the parties to a marriage had been previously insane, and that fact was concealed from the other, it was only proper that the marriage should be declared void on the ground of fraud. For such a marriage affects not only the other party to the contract, but also the innocent offspring of the pair; and it is a great injury to the state by the resulting increase of insane posterity.

Unfortunately the law in this country would not now, I fear, avoid such a marriage when made in a lucid interval. A

reference to a few authorities not cited by Dr. Savage may not be without interest. The rule which prevailed among the ancients treated a marriage between a man and a woman very much in the same way as a contract by a man who bought a bull or a cow. There is a passage in one of the Anglo-Saxon laws which says that, if a man buys a woman, and there beguile, he may return her within a year. If, however, he retained her longer, he must keep her forever. A very similar provision prevailed at that time concerning the purchase of cattle. Marriage was looked upon as a contract like that of the purchase of any other merchandise. Marriage, as well as man, has changed since then. The law in most, if not all, of the United States, is that a marriage between two parties, one of whom has been previously afflicted with insanity, is valid unless at the time of the ceremony one of the parties was so insane as to be incapable of appreciating the nature of the contract. There is a class of cases where the question of fraud is discussed; when, for instance, one of the parties does not understand that he enters into a marriage contract, as if he marries in a state of intoxication, or when he supposed the ceremony to be a mere jest; or when there is a mistake of persons. Such was the celebrated case of Jacob and Leah, reported by Moses. In such cases the marriage is void. The only other kind of fraud as recognized by the courts which now occurs to me, arises when the bride is at the time of the marriage with child by another man, and conceals this from her husband. The old canon law thus discussed the subject. It said that there were four species of error in regard to marriage: 1st. By mistake of the person; 2d. "Error of condition, as when I think I marry a free woman and marry a bond woman." In both these cases that law held the marriage void. 3d. An error of fortune; 4th. An "error of quality"; as when a man marries a woman believing her to be a chaste virgin, or of a noble family, or the like, but finds her to be defloured and of mean parentage." The two latter kinds of error were not sufficient to avoid a marriage, "they, the

canonists, are so far from rescinding a marriage contracted with a strumpet, that the law makes it a matter of merit for a man to take a harlot out of the street and marry her, because it is not the least act of charity." In this country, if a man marries a wanton woman, believing her to be chaste, if she be not pregnant, the marriage is good.

There are three leading cases in our American courts affecting the right to annul a marriage because of insanity. One of them arose in Mississippi in 1872. A man married a woman who had inherited insanity and had previously been deranged. Her sister and brother were deranged at the time. Her mother concealed the fact from the bridegroom, and sent away the brother in order that he might not find this out before the marriage. She became insane, attempted to destroy her child, and finally was reduced to a state of absolute dementia. The man sued to set aside the marriage, but the court adjudged that the marriage must hold good because it took place during a lucid interval. That was the case of Smith *vs.* Smith—47 Mississippi 211.

There was a similar case in Illinois in 1856, that of Hamaker *vs.* Hamaker (18 Illinois 137). There, the respondent's mother had been insane. She herself displayed symptoms of insanity before marriage. Shortly after marriage she tried to kill her husband and other members of the family, and was placed in an asylum, where she remained the rest of her life. The husband had no knowledge of previous symptoms of insanity or the condition of her mother. The marriage was held good.

The third case arose in South Carolina (Fostner, Means, Speers, Eq. (S. C.) 569). A marriage was declared void on account of the mental incapacity of the man. When sent to school in childhood, this man could learn little beyond the alphabet. At the age of 32 he could not read intelligently. He learned to plough, but could not plant corn. He could distinguish between a dollar and a 6¼ cent piece, but did not know the relative value of intermediate amounts. He once

offered to trade a negro worth $700 for a $60 horse. He made small purchases with fair intelligence. All the witnesses, however, concurred in saying that he was incapable of forming a just estimate of a horse or a negro. He had, however, occasionally some glimmerings of reason, as, for example, he appeared much distressed when the complainant (his wife who, in that case, was suing after his death for a share of his estate) left him, but not long after he was perfectly reconciled to it and remarked that, if he had known the troubles incident to a married life, he never would have got married." Upon these facts, the court held that the marriage was void upon the ground that " it is utterly impossible that he could have formed any just conception of the moral duties and obligations incident to the married state. He was, probably, prompted to it by the animal instinct alone." Were such a rule to be generally recognized by the courts, a great many marriages would be dissolved.

Mr. S. D. Sewards.—I am glad the author of the paper has been upheld by the opinions expressed thus far. I am amazed to know that in our country some of the harsh principles prevail whereby a marriage entered into, no matter what the consequences hereafter may be, is to be adhered to. It seems to me the question is not so much to ascertain what the law is as to inquire whether it cannot be improved and softened down. For that purpose I rise to give my views on the subject. I do not agree that the marriage relation is a contract. Marriage is a relation, a station, a condition in life. It is something that grows out of the nature of society. It certainly is not a contract. If it were it would have to show the primary element of a contract. That is dissolubility. Now, if marriage were a contract, we could as well do away with it as set it on foot. But here comes the state and says: No; you may voluntarily enter into it, but you cannot voluntarily dissolve it. There are other interests involved in your acts. If that is the case, we reason on a wrong basis in saying that marriage is a contract. If we abolish that idea we may be able more easily to

solve the question. The Catholic Church regards marriage as a sacrament. There is reason in that.

The Greeks looked upon marriage only as a means of propagating the race, and of maintaining the moral status and civil rights of the people. Then it was the state that took care of the children. With us it is different. The state now says, You are bound to take care of your progeny. We will assist you by our institutions, but you must do it. Now, if the state throw off responsibility for the progeny, it is perfectly incompetent for the state afterward to interfere and say, for the sake of the children you must continue your relation even if it is to the greatest detriment of both of you. The object of all institutions should be to make people as happy as possible; to surround them with safeguards within which their happiness may increase. Of course society must provide for those who cannot care for themselves, and it seems to me this should be the criterion for the extent to which the state should interfere. If the children can be brought up properly without the aid of the parents, no constraint should be put upon the parents. Now, as to insanity affecting marriage. This is a misfortune of such a character as to entitle it to a different mode of treatment from ordinary misfortunes. If a man loses his means, he may gain them again; if deformed by ordinary sickness, he may recover; but if one of the parties to marriage become insane, I cannot see why the healthy party to the bargain (if you please) should be kept from fulfilling his mission on earth because a misfortune has come upon the other side. Now, if a medical man should say there is a fair chance of recovery, let the other party wait; but where the insanity is incurable, it should not be an obstacle to the other side.

J. E. McIntyre.—I think the state has no right to grant a divorce. It will be very hard to make insanity a ground for divorce, as every case of insanity depends on itself. You can make no law saying what insanity is, and what it is not. In almost every case the insanity is known before marriage, if it exists. It is a man's business to inquire. If he does not he

should take the consequences. Take any of those cases, you will find there were known symptoms, but they were probably attracted by some lust for the beautiful figure or form, and are willing to take their chances.

The only way that question can be brought into a court of law, is as stated by Mr. Foster—upon the ground of fraud. I think we go too far on this question of divorce in setting aside marriages. Down in Texas you can be divorced from a wife if you happen to say "damn" to her. It would be very easy to bring that under the head of insanity. We should stop hasty divorces. The ground of fraud is sufficient to set aside the marriage contract.

Mr. Jacob F. Miller.—Our law in New York permits the dissolution of marriage, where either of the parties was insane at the time of marriage. It does not permit a dissolution for insanity which occurs afterward. This is true, I believe, of all the states and territories in the United States. It seems to me that the marriage contract is of such a nature that to permit of dissolution of marriage on account of misfortune which may come to one of the parties, would hardly compart with our civilization. These are just the persons who need the care and assistance of the more fortunate. I can see no sign of a change in the laws of this country. I do not believe there will be a change for a long time to come.

I believe, however, with the author of the paper that where insanity exists at the time of marriage it would invalidate a contract, and it should be declared null and void. A contract of that character certainly implies that a person making it is competent to enter into a civil contract, and to fulfill the duties which such a contract requires. That can scarcely obtain in the case of an insane person. And then, too, as insanity is hereditary, you can readily see what unfortunate consequences might ensue.

Therefore, I think the policy of the law is correct where it admits, as it does in this state, of a dissolution of marriage because of insanity existing at the time of marriage.

But there is a close question put by the author of the paper where there may be some difference of opinion, and that is where a person is insane at times and lucid at times. Now, suppose the marriage contract is made in a lucid interval, then what? A contract made for the purchase of real estate, or a will made in a lucid interval, would certainly be considered good. There is no reason why it should not.

It seems to me that the author has presented a very interesting paper, and I do not see very much to differ from in the conclusions which he has reached.

Dr. Irwin.—This paper distinctly expounds what the law is in England, and I have learned with much interest that the law is about the same in this country. On the whole question of divorce, and especially as regards insanity, I fear we are behind. One of the speakers called attention to the theological aspect of the question. Certain churches look upon matrimony as a solemn and divine contract presided over by a divine being. But we as a social community have a civil marriage, which has no part whatever in religious obligations. The law leaves these beliefs to the churches, and can only look upon marriage in its social relations. The existing law appears to me to be wrong in this respect: that insanity existing before marriage is a cause for divorce, and that insanity occurring after marriage is not a cause for divorce. It appears to me that the converse ought to be true. It may be said that a man marrying a woman already insane ought to know that such was the case.

It may be argued that any disease rendering a person unable to fulfill the first duty, should dissolve the binding parts of a contract. I do not advocate this, but it is a question which may come up and must be considered.

Take the case of the children, of course, where insanity is hereditary on either side, separation is desirable in order to avoid the propagation of insane progeny. But, even beyond that, the individual has a right to be considered, and as a state

we have no right to place upon an individual a condition which amounts to punishment, in enforcing celibacy.

Mr. Appleton Morgan.—The last speakers seem to have wandered a little from the only practical suggestion which I think the author of the paper of the evening intended to make. The principal point raised was whether a marriage contract entered into in a lucid interval should be declared void. I think the nineteenth century which does so many things the eighteenth never dreamed of, is beginning to feel that it is a little unjust to consider marriage strictly as a contract *against* the parties, and not strictly as a contract in their *favor*. There is a law that a man cannot alienate his property without his wife's signature, but a wife can alienate her property alone.

I would like to suggest that I think Mr. Miller is wrong when he says that the law of all the United States is at one on this subject. It is very strange that the state which is strictest in telling us what we should drink is the most lax in the way of divorce.

The reason why it is profitable and expedient to throw as many restrictions as we can around divorce is because society has a great interest in the subject, and where two rights are nearly equal, the right of the state ought to prevail.

Mr. Morris Ellinger.—I somewhat differ from some who have preceded me. It is a question whether insanity ought to be treated differently from any other disease. Now suppose a marriage has been contracted and one of the parties is suffering from incipient disease, and after the marriage the case develops and the person becomes an invalid for life. Has it never been considered that such a disease would be a ground for divorce, or should it be a ground for divorce? The question is should insanity be considered differently from any other disease? Is it not a disease in the same sense as others? The physicians present will concur with me that insanity is often produced by excess of sexual intercourse, or even by childbirth. Now, if this occurs should the husband be entitled to

divorce because it happens that his wife, through the very act of the marriage which they contracted, has also contracted insanity.

The husband has to bear with his wife if she becomes subject to a disease making her a chronic invalid—whether the disease is insanity or rheumatism, it ought to make no difference.

The law ought to respect society in this respect that when parties contract for marriage, they should, in the first place, look into each other's character, physical and moral condition, and after they have examined carefully and both given their consent, that marriage should not be dissolved on account of misfortune, whether it attacks the brain or other organs.

Dr. Irwin.—I cannot for a moment believe that it would be proper for this society to take a hand in the change of the law as it stands, for the very reasons which have been given here and a great many others which I might give. I believe the law as it stands to-day will protect those entitled to protection. When we go into a court and want to show fraud, the court gives us great latitude in order to be able to show it.

Dr. Christiancy.—I would like to answer the gentleman's question as to whether insanity is a disease. Other diseases incapacitate the individual but partially, insanity does this totally. No one can put confidence in the conduct of an insane person. A person may be disabled from a physical standpoint and yet able to conduct affairs, but a person with a diseased brain is not capable. I like the remarks of the gentleman who suggested that the law ought to be firm after marriage. But from my experience in insane asylums it seems to me that there are cases where it would be well if the law could be changed. When a man marries, the law ought to hold him strictly to it, with some exceptions that could be picked out. I think there ought to be some provision in the law for special cases.

Dr. Parrish.—I think it would be dangerous to pass a law that insanity should be a ground for divorce. I think very few would ask for a divorce if they were required to support the insane person during life. If a person looks ahead and sees that he will have to support an insane person in an asylum fifty years (I know of such a case), he would think twice before he would wish to marry this person.

Mr. Garrison.—I would suggest as a view of the nature of marriage that it is a contract to a certain extent. It concerns all members of the state. It is a status into which people may or may not enter. If two persons were thrown upon a desert island they might make or unmake their relations as often as they chose. If there were four they might do the same, and no one would object. But multiply the number and the thing is changed.

MEDICO-LEGAL SOCIETY OF NEW YORK.

Vice-President Clark Bell, Esq., in the Chair.

June 17, 1885.—Society met at Columbia College, Vice-President Clark Bell in the chair.

Minutes of May meeting read and approved. On recommendation of the Executive Committee the following gentlemen were elected members of the Society, viz.:

Active—George R. Phœbus, Esq., New York City; William J. Kane, Esq., New York City; William W. Laman, M.D., New York City.

Corresponding—Dr. Rafael Ulicia, Madrid, Spain; Dr. James A. Gray, Atlanta, Ga.; Dr. Landon B. Edwards, Richmond, Va.; Dr. Jose M. Bandera (Sec'y Board of Legal Medicine, City of Mexico); Professor Dr. Roman Ramirez, Prof. Legal Medicine, City of Mexico; Senor Don Manuel Contreras, Judge of Supreme Federal Court, City of Mexico; Dominick Daly, Esq., Birmingham, England.

Letters were read from C. J. Cullingworth, W. H. O. Sankey, Dr. Sonza, Lima, Buenos Ayres; Dr. Peeters, of Gheel, Belgium; Dr. T. R. Buckham, of Flint, Mich.; Dr. C. A. Tucker, of Australia; Dr. G. V. Poore, London; Dominick Daly, Esq., Birmingham, England, Secretary Board of Lunacy Commission, London; Dr. B. C. Ingels, Ghent, Belgium, and others.

Contributions to the Library of the Society were announced from Messrs. Clark Bell, Prof. Vonkraft Ebing, Dr. J. C. Thomas, and others.

The paper of the evening was entitled "Insanity as a Plea for Divorce or Nullity," by corresponding member George H. Savage, M.D., of Bethlem Hospital, London, which was discussed by Jacob F. Miller, C. D. Sewards, A. J. McIntyre, Roger Foster, Morris Ellinger, Dr. Christiancy, Dr. Irwin, and others.

A paper by C. J. Cullingworth, of London, England, was read, entitled, "Fraudulent Claims in Railway Accident Cases."

The Committee on Canned Goods submitted their report (vide June Journal for copy same). The report of the Committee was received. On motion, the rosolutions submitted by the Committee were unanimously adopted, and the Report of the Committee approved, and the Committee were instructed to make a complete examination, and report upon the whole subject.

Vice-President Bell submitted a letter he had received from the President, Professor R. O. Doremus, written at Leamington, England, which was read to the Society. (This letter appears in June number of this Journal.)

The following delegates were elected to represent the Society at the Congress of the Society of Mental Medicine of Belgium, with authority to each delegate to name an alternate in case of his inability to attend: Prof. R. O. Doremus, Clark Bell, Esq.; Prof. Fordyce Barker; Hon. Guy H. McMaster; and John Dwyer, M.D.

On motion, and by unanimous consent, the bye-laws were suspended, and Mr. Appleton Morgan was elected Assistant Librarian, with seat on the Executive Committee.

The Society on motion adjourned.

J. E. McIntyre,
Assistant Secretary.

MEDICO-LEGAL SOCIETY.

September Meeting, September 23, 1885.

Presiding of Prof. R. O. Doremus.

Society met at Columbia College. President R. O. Doremus in the chair. In the absence of the Secretary, J. E. McIntyre, Assistant Secretary, acted. Minutes of June meeting read and approved.

On recommendation of ex-committee and on nomination of Vice-President Bell, the following members were duly elected: Dr. Carl H. Von Klein, Dayton, Ohio; F. P. Vandenbergh, M. D., Buffalo, N. Y.

Corresponding: Prof. Dr. Axel Jaderholm, Stockholm, Sweden; Gershom H. Hill, M. D., Superintendent Hospital for Insane, Independence, Iowa; Pliny Earl, M. D., Superintendent Northampton Insane Hospital, Mass.; John H. Rauch, M. D., Illinois State Board of Health, Springfield, Ill.

Letters were read from Prof. L. Wille, Dr. J. Aug. Pepper, John H. Rauch, M. D., Gershom H. Hill, Pliny Earl, M. D., Dr. Jaderholm, Stockholm; Dr. G. Varian Poore, London; Prof. A. W. Hoffman, Berlin; Dr. Frank Ogston; Dr. Peeters, Gheel; Dr. Buckham, of Flint, Mich.; Dr. Geo. A. Tucker, of Australia; Dominick Daly, Esq., Birmingham, England; English Board Lunacy Commissioners, and Dr. B. C. Ingels, Ghent, Belgium.

Donations to the library were announced from Dr. Pliny Earl, Dr. John H. Rauch, Dr. Gershom H. Hill, Mr. Clark Bell, Dr. E. H. M. Sell, Prof. Dr. Von Krafft Ebing, Smith-

sonian Institute, Surgeon General's Office, Washington, Bureau of Education, the Medico-Legal Society of France.

Mr. Clark Bell announced the death of George L. Harrison. Mr. Bell said:

The death of this stanch worker in the cause of lunacy reform will leave a vacant place not soon or easily filled. In speaking of him and his record we may well call it a noble life. The Philadelphia *Press*, speaking of him says:

By the death of Mr. George L. Harrison the world loses a benefactor and society one of the brightest exemplars. As an instance of unselfish living, his life may be held up to the eyes of the world without fear that any blemish will be discovered by the most cynical critic. The demands of business upon his time were constant and heavy during the greater part of his lifetime, but he found time to employ his sympathies in so many ways that he was almost better known as a philanthropist than as a man of affairs. Though immersed in the cares of various enterprises, he was never neglectful of the self-imposed duties of benevolence. His heart beat warmly for the suffering and friendless, but in a community having one such man none can be deemed friendless.

We may contemplate his life, so rounded out by deeds of kindness to the poor and unfortunate, who will miss him most of all. Such a life is above price as an example. It reveals the possibilities of a Christianized world. For if men lived as he lived, to make the world better, and therefore happier, a helping hand would be extended to every one who might stumble or faint by the way. Were all the honors or civil life heaped upon his coffin they would appear as dust in contrast with the trophies of his unselfish life. He might have shone among men in civil life, no doubt, but his preferment was of a different order. It led him in difficult paths where men cannot win showy reputations. It laid new burdens on his already burdened life. He was never known to shrink from the imposition of labor. He pursued his quest with painstaking

solicitude, and his work was only laid down after overtasking a sensitive nature had wrought its inevitable results.

The most public service rendered by Mr. Harrison was as president of the State Board of Public Charities. Of this board he was a member from its creation, and for several years its president. It had many disagreeable duties to perform, and its conflict with what may be named "Establishment" was severe. But the earnestness of the commissioners was equal to the strain, and Mr. Harrison lived to see his labors acknowledged very widely. His compilation of all laws relating to the treatment and accommodation of the insane is a standard work, and of the greatest practical value to the country at large. It shows the remarkable tenacity of his purpose. He never left any work half done, and he never hesitated to draw freely upon his private means, which happily were ample, in the prosecution of a charitable work. The example of such men enriches the world beyond computation of value.

The unfortunates to whom the kindly heart of Mr. Harrison went out in their enforced seclusion from public notice, the insane in all our hospitals and poorhouses, are scarcely less conscious than the public at large have been of the debt owed to this persistent and ardent friend of the "friendless." He held his own retainer for the helpless. He fairly placed himself in the barred cell, "as bound with them."

At every point of new legislation he was steadfast and insistent that the insane "detained" patient must be considered a person, and not a chattel or an embrutted creature. That his generous enthusiasm was needed, the steady improvement both in laws and treatment of the insane in the last fifteen years bears record, for he has been a real inspiration to other workers. Had Mr. Harrison given to literature the energies he devoted to the remedial study of crime, poverty and mental disease, his scholarly gifts, known to but a few intimates, would have had a wide recognition. As it was, he was a true knight of the nineteenth century, the chivalrous, the champion, and the fearless defender of the weak.

His influence upon the amendments of the Pennsylvania Lunacy Statutes were greater than that of any one man in the State, and the opposition to the changes in the law from many asylum superintendents and others, who preferred the old traditions only, stimulated his ardor for a nobler, broader and wider acknowledgment of the "rights of the insane."

The Medico-Legal Society was honored by his name in its list of corresponding membership, and his death on 9th September, instant, met with general recognition from the public press of Philadelphia, who all laid graceful tributes on his bier, from which we have drawn in our notice of his death at a ripe old age full of honors.

Mr. Bell also announced the death of corresponding member Reuben P. Brown, M. D., as follows:

Dr. Brown was born at Springfield April 1, 1818, Bradford County, Pa.; educated at Groton Academy, New York, and graduated at Hobart College, Geneva, N. Y., in 1844, when he also received the degree of M. D. He commenced practice at Springfield, Pa., in 1844, and married the succeeding year.

He removed to Addison in 1848, N. Y., where he built up a large and lucrative practice.

His specialty was perhaps surgery, for which he was eminently qualified, but he maintained a high position in general practice.

He took a great interest in Forensic medicine, and has been for many years a corresponding member of the Medico-Legal Society of New York.

Dr. Brown was a man of great energy a hard worker, untiring in his care of difficult cases, devotedly attached to his friends and family, was a conspicuous and permanent member of the medical profession in western New York, where he spent the last thirty-seven years of his life in active practice.

We regret to announce his death on September 15, 1885, which will be a serious loss to the profession, to his family and to hosts of friends.

Messrs. Morgan and Garrish spoke on the death of our corresponding members.

On motion, a committee of three was named to prepare memorials on these gentlemen.

The Chair named as such committee A. S. Butts, Esq., Appleton Morgan and H. S. Oppenheim, Esq.

The paper by Prof. L. Wille, of Basel, Switzerland, entitled "*Simulated Insanity*," was then ordered to be read at October meeting translated from the German.

This paper was sent Vice-President Bell by our corresponding member Dr. Wille.

A paper, by J. Augustus Pepper, M. D., of London, England, corresponding member, was read, entitled "*Poisoning by Extract of Sodium.*"

Prof. Doremus tendered his resignation as a member of the Committee on Canned Goods Poisoning.

The president appointed Dr. E. H. M. Sell a member of that committee, vice C. A. Doremus, resigned.

Appleton Morgan gave notice that he would move the following amendment to Art. 13 of by-laws by adding after the word "August" in the second line of § 1 thereof the word "September."

Meeting adjourned.

J. E. McINTYRE,
Acting Secretary.

SOCIETE DE MEDECINE MENTALE DE BELGIQUE.

PRESIDENCY OF DR. V. DESGUIN.

Session of July 25, 1885, at Brussells. Messrs. PRIUS, Inspector General of Prisons, and DENIS, Professor of the University at Brussels, were present as guests af the Society.

The minutes of the Special Session of 20th June were read and approved. Letters were received announcing that the Government contributed 2,000 francs toward the proposed Congress.

Works were contributed by Von Krafft-Ebing, which were referred to M. Cuylits; from Erlenweyer, referred to Dr. M. Peeters. A paper from Mr. Clark Bell, entitled, "*Shall we Hang the Insane who Commit Homicides?*" was received, and submitted to M. Semal for examination and report. Brochures from Van Persyn and Vander Ghys were referred to Dr. Jules Morel; from Dr. Koch, referred to Prof. Masoin; two Brochures from Dr. Van Bambeke were referred to Dr. Heger.

Dr. Coni, of Buenos Ayres; Prof. Wille, of Balse; Prof. Dr. Meynert, of Vienna; Roussel, Senator and Member of the Paris Academy of Medicine; Dr. Tellegra, of Wight, were elected honorary members; and Drs. Prius, General Inspector of Prisons, and Cuitenaire, of Gheel, were duly elected active members.

Only the business of the proposed Congrese at Antwerp was considered. The Report of Dr. Lefebvre was unanimously approved. M. Semal made a report upon the relation between *Crime and Insanity*.

A meeting was ordered for August 8th at Brussells, to complete the arrangements for the proposed re-union, and the whole programme was intrusted to the Bureau of the Society previously chosen.*

The Society adjourned.

Victor Desguin, *President.*
B. C. Ingels, *Secretary.*

THE ANTWERP CONGRESS.

The Committee having charge of the Antwerp Congress was composed of M. Oudert, Inspector General of Insane Asylums for Belgium, Honorary President; Dr. Desguin, President; Dr. Leutz, Vice-President; and Messrs. Prof. Boddairt, Drs. Lefebvre, Heger, Vermenleu and Semal as members of Committee, and Dr. B. C. Ingels, Secretary.

* The very able and exhaustive report of M. Semal appears in the Bulletin of the Society.

This Committee issued a circular invitation announcing that the Societe de Medecin Mentale de Belgique proposed to hold at Antwerp on the occasion of the Universal Exposition on the 7th, 8th and 9th September, 1885, an extraordinary re-union, devoted to the investigation of subjects connected with psychiatry neurology and forensic neuropathology.

That two questions would be made the subject of discussion and the bases of reports.

1. The establishment of a common international basis of statistical knowledge relating to the insane, upon which Dr. Lefebvre, Professor of the University at Germain, would make an extended report; and

2. The relation between Crime and Insanity, on which Dr. Semal, of the Asylum at Mons, would make a full report, and both of which would be the subject of discussion.

The 10th, 11th and 12th September would be devoted to excursions to the institutions for the insane at Gheel, Lierneux, Ghent, Mons, and at Tournai.

An invitation was formally extended to all persons interested in these questions, whether alienists, physicians, magistrates or criminal jurists, and to the presidents of medico-psychological, medico-legal or other societies, to attend the re-union, as well as to the editors of journals interested in these questions. This circular was signed by the President and Secretary, and sent throughout the world.

THE AMERICAN NEUROLOGICAL ASSOCIATION

Held its eleventh annual meeting at the Academy of Medicine, New York, June 17th, 18th, and 19th, 1885, the retiring President, Dr. Isaac Ott, of Pennsylvania, calling the Association to order. Subsequently Dr. Leonard Weber, of New York, took the chair.

Proceedings of First Day.—The following officers were elected for the ensuing year: For President, Dr. C. K. Mills, of Philadelphia; for Vice President, Dr. V. P. Gibney, of

New York; for Secretary and Treasurer, Dr. R. M. Amidon, of New York; for Council, Dr. George W. Jacoby and Dr. E. C. Sequin, of New York. The papers read were, "*History of a Case of Chronic Myelitis*," by Dr. A. D. Rockwell; "*Methods of Staining in Microscopical Work*," by Dr. A. M. Starr; "*On the Use of Osmic Acid in Peripheral Neuralgias*," by Dr. George W. Jacoby, of New York.

PROCEEDINGS OF SECOND DAY—AFTERNOON SESSION.—President G. Wilder, M.D., in the Chair. The following papers were read: "*Report of Two Cases of Spina Bifida Cured*," by Dr. V. P. Gibney: "*On the use of Arsenic in Nervous Diseases*," by Dr. Gray, of Brooklyn; "*Paronymy versus Heteronymy as Neuronymic Principles, and a Seldom-described Artery and Cerebral Tissue*," by Dr. Wilder; "*The Relations between the Symptoms and Lesions of Posterior Spinal Sclerosis*," by Dr. E. C. Spitzka; "*Two Cases of Friedreich's Disease*," by Dr. Wharton Simklee. Dr. George W. Jacoby presented a galvanometer, the invention of Dr. Budisch.

PROCEEDINGS OF SECOND DAY—EVENING SESSION.—A brain monstrosity was presented by Dr. Spitzka, and several specimens illustrating obscure points in cerebral anatomy were presented by Dr. Wilder. Dr. E. C. Seguin read a paper on "*Contributions to Pathology of the Cerebellum.*" Dr. Bauduy, of St. Louis, read some notes on "*Hydrochlorate of Cocaine.*" This drug had been found of special value in the treatment of melancholia and hypochondriac insanity, its beneficent effect on melancholia being almost immediate. The following papers were read by title; "*The Brain of a Delusional Monomaniac who Killed several Persons*," by C. K. Mills, M.D.; "*A Case of Destructive Lesion of the Legmentum, Optic Thalami, etc.*," by H. D. Schmidt, M.D. The President appointed the following committee on electrical dosage: Dr. S. W. Jacoby, Chairman; Dr. R. W. Amidon and Dr. W. R. Birdsall.

The Society adjourned, to meet at the call of the Council at about the same time next year.

MEDICO-PSYCHOLOGICAL ASSOCIATION (BRITISH).

The May meeting, 1885, was largely attended, Dr. H. Rayner, President, in the chair. Drs. E. W. Henley and J. G. Soutar, of Gloucester: C. Mortimer, of Bethlem Hospital; J. T. Keegan, of Indianapolis, Ind.; and F. C. Gayton, of Brookwood, Surrey, were elected members.

The question of granting Association Certificates in psychological medicine was laid over to the annual meeting in Cork.

The Report of the Parliamentary Committee on the Lunacy Acts Amendment Bill was discussed by the President (Dr. Rayner), Drs. T. L. Rogers, George H. Savage, Joseph Rogers Bower, Hack Tuke, Yellowlees, Urquart, Adams, and Blandford, resulting in the adoption of a resolution "*that the intervention of judicial authority before the granting of the commitment of the insane was undesirable.*"

The clause depriving clergymen and relieving officers of the power to sign orders, was discussed by Drs. Joseph Rogers, Brandford, the President, Nicholson Bywater Ward, Hicks, Cobbold, Adam, Urquart, Savage, Hagis Newington, C. M. Tuke, and others.

Dr. Urquart moved that the Lunacy Commission in all Great Britain should have the power of removal of patients on trial, and for benefit of health, which was agreed to on discussion.

Other criticisms upon the Bill were made by Drs. Fletcher, Beach, the President, Shuttleworth and Cobbold, after which the Society adjourned.

ANNUAL MEETING, ASSOCIATION OF MEDICAL SUPERINTENDENTS OF AMERICAN INSANE ASYLUMS.

DR. PLINY EARL, PRESIDENT.

The Association met at Saratoga Springs, N. Y., June 16th, 17th, 18th and 19th, 1885. The opening session was devoted to arranging for the work of a routine character. Dr. Foster

Pratt, of Kalamazoo, Mich., and Dr. Stephen Smith, State Comm'r of Lunacy of New York City, were elected honorary members. A committee on nominations was appointed, who recommended for President Dr. Orpheus Everts, of Ohio; for Vice-President, Dr. Buttoph, of New Jersey; and for Secretary Dr. Curwen, of Pennsylvania, who were unanimously elected for ensuing year, and Dr. Evert's took the chair.

The usual committees on time and place of next meeting, on resolutions, on audit, and on business were appointed.

Dr. CURWEN read a memoir on Dr. KIRKBRIDE's life.

Dr. Nicholson, from Committee on Necrology, made a report on Dr. Kirkbride.

The Association unanimously voted that the Association was not responsible for views of authors of papers, unless same were formally approved by affirmative vote.

Dr. Daniel Clark read the report on Cerebro-Spinal Pathology.

Dr. Andrews read the Report of the Committee on Therapeutics of Insanity and New Remedies, which was discussed by Drs. Gray, C. H. Nichols and Chapin.

Adjourned to Wednesday, 17th, 1885.

WEDNESDAY, 17th June, 1885.—Dr. Everts, President, in the chair.

Dr. Earle reported on the subject of admitting assistant physicians in institution to membership, recommending that assistants who have served four years in institutions, the superintendents of which are members, shall be eligible to membership, which, after discussion, was adopted by the body.

Dr. Buttoph read a paper on "*The Physiology of the Brain and its Relations to Health, Disease and to the Faculties of the Mind.*"

Dr. Gray moved a reconsideration of the resolution adopted

admitting assistant physicians to membership. which was discussed at great length by Drs. Earle, Everts, Gray, Steers, Curwen, Channing, Chapin, Bryce, Clark, Gilman, Nichols, Goldsmith, Bancroft, Schutz, Pratt, Andrews, Franklin, involving a resolution also offered by Dr. Gray to change the name of the Association to that of "The Association of Medical Superintendents and Physicians of American Institutions for the Insane."

The resolution was declared lost.

The reconsideration of the adoption of the report of the Committee was carried, and the subject was moved to be referred to the same Committee, instructed to report at the evening session. Dr. Bryce offered as a substitute a resolution, "That all assistant physicians connected with our regularly constituted institutions for the insane be constituted *ex-officio* members of the Association," which was, after discussion, declared carried.

Committee on Treasurer's accounts reported total receipts, $206.25; disbursements, $156.41; and recommend an assessment of $5 on each member, which, after extended discussion, was amended as follows: "That the medical superintendents be assessed three dollars for next year, and that the Secretary be required to furnish to the members a copy of the proceedings," which was declared carried. A further vote was taken after further discussion, when the motion was declared lost.

The whole subject was on motion referred to a committee of three: Kilbourne, Nichols, and Clark, and body adjourned till 4 p.m.

Four p.m. session, Dr. Buttolph presided.

Dr. Curran made a statement as to the method of publishing proceedings.

Dr. Strong read a paper, entitled "*Education as a Factor in the Prevention and Cure of Insanity.*"

Dr. Channing read the Report of the Committee on "*The Bibliography of Insanity*," by Dr. Channing.

Committee on time and place of next meeting reported first Tuesday in June, 1886, at Lexington, Ky. The report was adopted after discussion.

The Special Committee, Dr. Kilbourne, chairman, reported the following resolution: "That all Medical Superintendents of American Institutions for the Insane be assessed three dollars each to meet the current expenses of the association for current year," which was on motion adopted, and Association took a recess till 8 p.m.

8 P.M.—President Everts in the chair.

Dr. Theodore W. Fisher read an obituary notice of Dr. Edward Jarvis.

Dr. John P. Gray read a paper entitled "*Some of the Preventable Causes of Insanity.*" Dr. Goldsmith read a paper on "*The Relations of Syphilis to Insanity.*"

The committee on place of next meeting asked leave to withdraw, and amend their report and fix the date for the third Tuesday of May, instead of first Tuesday in June. Agreed to.

Dr. Goldsmith made remarks on the case of a girl in Newport, R. I., who was the subject of his former paper, entitled a "*Case of Moral Insanity,*" and which he stated might more properly be called "*Hysterical Insanity.*" He had advised the operation of double ovariotomy. It had been performed by Dr. John Homans, of Boston, in July, 1883. The operation was completely successful, and the girl apparently restored to reason, showing no evidence of dementia.

Adjourned to Thursday at 8 p. m. to enable the association to take an excursion to Fort Ticonderoga and Lake George.

THURSDAY, 8 P. M.—Dr. Everts, President, in the chair. It was ordered that any member visiting Europe should be given credentials to the British Medico-Psychological Association this season.

The Committee of Arrangements for next year were an-

nounced, Drs. Chenault and Rodman of Kentucky, Callandar of Tennessee, Richardson of Pennsylvania, and Curwen, secretary.

On motion of Dr. Clark a committee of three, Drs. Clark, Andrews, and Schultz, were appointed to prepare blanks for tabulating detailed data of all post-mortems in asylums, and to furnish a printed form which should also embrace a form for microscopic work of symptoms before death.

The committee on "Treatment of Insanity" were not prepared with a report. Dr. Shaw read a paper he had prepared at the suggestion of Dr. Carriel, the chairman.

Dr. Cowles read a paper entitled "*Insanity of Fixed Ideas.*"

Association adjourned to Friday 19th, at 9 a. m.

FRIDAY 19th, 9 A.M.—Dr. Everts, President, in the chair.

At Dr. Nichols' suggestion, it was resolved: "That members going abroad should be entitled to be accredited to other psychological associations."

Dr. Hill read a paper on "*Artificial Respiration Long Continued.*"

The Committee on Resolutions reported through Dr. Chapin:

1. Thanks to the retiring President, Dr. Pliny Earl.

2. That the Cincinnati resolution of 1882 relative to Standing Committees be rescinded, and that all members be invited to prepare voluntary papers and furnish title to secretary at least one month prior to the session.

3. Thanks to the hotel proprietors and railways for courtesies extended.

Report adopted.

Dr. Buttolph, Vice-President, in the chair. The President, Dr. Everts, read a paper entitled "*New Wine in Old Bottles.*"

Dr. Chenault moved the reconsideration of the action naming a committee on tabulated form for post-mortems, which was declared out of order, as Dr. Chenault did not vote in favor.

Discussion on the merits ensued, participated in by Drs. Chenault, Clark, Hill, Earle, Gray, Pratt, Fisher, and Andrews, resulting in the adoption of a motion made by Dr. Gray enlarging that committee to five members, and Drs. Fisher and Bryce were added to that committee.

General discussion ensued as to the effect of the Report of Committee abandoning Standing Committees, and the duty of the Committee of Arrangements who were clothed with full power over paper and discussions.

Association then adjourned to third Tuesday of May, 1866, at Lexington, Ky.

EDITORIAL.

THE EARL OF SHAFTESBURY.—We learn with great satisfaction, that in consequence of the non-action by the British Parliament upon the pending amendments to the Lunacy Laws, incident to the change in the English Ministry, the Earl of Shaftesbury has consented to return to his post as Chairman of "The Board of Commissioners in Lunacy."

We hope that this valuable friend and co-laborer in lunacy reform, will not in future withdraw, even should the present or a future parliament pass the lunacy statutes, some of which appear distasteful to him.

A public official of the character and standing of his Lordship can well remain in office, even though the parliament differ with him on radical features of the Lunacy Act, as proposed to be amended, and we hope the noble Earl will remain in harness till the close of his useful life, in the chair he has so long and so satisfactorily filled in the Board of English Lunacy Commissioners.

SOMNAMBULISM.—Dr. Motet gave the details at a recent meeting of the French Society of the interesting case of a man who was accused and convicted of an attempted immoral offence.

M. Motet, who knew the man to be a somnambulist, interested himself in the case, and succeeded in having the conviction quashed, but not until after he had demonstrated an attack in the presence of the judge.

From a medico-legal point of view this case is very important, and should be studied in detail by all interested in the legal and social relations of such people.—*Journal of Mental Science.*

Medical Jurisprudence of Lunatics.—Dr. Baume relates the following interesting story, which we give for the benefit of those who do not believe that a lunatic can reason, prepare his plans, restrain himself, and even wait for the best chance.

Journal of Mental Science, July, 1885.

Twenty-three years ago I escorted the savant Malagute, dean of the Faculty of Science at Rennes, through the asylum at Guimper. He saw the lunatics at work, was present when they marched to the sound of the drum, and when they came into the dining-room and arranged themselves nicely at the tables. Rather taken aback at what he saw, he said to me: "It is astonishing; there is as much order as in a barrack, and yet all these people are in confinement because of insanity! Where the insanity is I cannot make out!"—"We do not limit ourselves," I replied, "to teaching them to march in file; we sometimes prepare them for the bachelor's degree in science, and we find in France a faculty kind enough to receive them."—"Indeed, and which is that faculty?"—"That which has for dean M. Malagute, at Rennes." The savant fixed his eyes on me as if asking whether his cicerone were an inmate of the asylum or not. "One can see," I said, "that you have no memory for faces; for this is not the first time that I have had the honor of speaking to you."—"In deed," he said; "I have just been thinking on what occasion I saw you." —"Two years ago, on the evening of the 5th December, 1855, I introduced an officer in undress to you. He was an inmate of the asylum, but I took very good care not to reveal to you his position or mine; my only object was to give a little assurance to my patient by showing him that he might present himself in a drawing-room without being thrown out by the door or window, as his mental disease made him fear. You received him cordially!"—"But I remember him quite well. That officer passed a brilliant examination, and was received unanimously. But surely he could not be mad?"—"Not more than he is now; we have just passed him."—"But it must have occurred during a prolonged lucid interval?"—"So little prolonged that during the journey he caused me serious uneasiness by his hallucinations! He rambled in a pitiable way when he left me at the top of the stairs to undergo his oral examination. I was on tenter-hooks, and was only reassured when I heard his brilliant answers spoken with an animation and confidence of which I believed him incapable. When he returned I congratulated him warmly."—"Well, are you happy at last?" —"Am I happy! I should rather think so. This will prove to these monsters if I am mad. I mean the devils with two paws who have for a long time poisoned my life; have they not tried every instant during the examination to whisper nonsense into my ear? But I was on my guard."

Thus before, during and after the examination, the patient was under the influence of delusions and hallucinations which, however, he was able to master so thoroughly that he concealed them from his examiners.—*Journal of Mental Science, July*, 1885.

English Criminal Law Amendment Bill.—The agitation succeeding the action of the *Pall Mall Gazette* has resulted in the passage of this bill through both branches of the British Parliament. It was passed as reported, with a few slight alterations made in the "commons," the most important of which defines as rape the crime of inducing a married woman to have connection by falsely personating the husband.

Dr. T. Duncan Greenlees, of the Carlisle Asylum, received the prize of the Medico-Psychological Association this year for his essay entitled "*A Contribution to the Study of Diseases of the Circulating System in the Insane.*"

George H. Savage, M. D.—We are glad to note that this distinguished alienist has been elected President of the British Medico-Psychological Association at its annual meeting, held August 4, 1885, at Queen's College, Cork.

Sexual Ignorance.—The *British Medical Journal* (August 15, 1885), discusses with signal ability the evil of English education in neglecting this proper and essential element of true education of the young.

While recognizing the evil, it is in doubt as to the remedy, and suggests the careful study at proper age of elementary anatomy and physiology as a good method of reaching the case.

The mother surely should educate her daughters and the father the sons, as it seems to us. The ignorance upon such subjects claimed by the British editor among certain classes of young English girls is almost incredible.

We entirely concur in the suggestion of our able contemporary, that it is a question to be commended to the thoughtful consideration of our readers.

Dr. W. W. Ireland and Asylum Management.—In the *London Medical Record* of June 15, 1885, our talented corresponding member, Dr. W. W. Ireland, reviews at considerable length the March, 1885, number of the Medico-Legal Journal.

He speaks in high praise of the usefulness and fruit of this journal, and in very complimentary terms of its editor. In criticizing the editorial comments of this journal upon Dr. Bucknell's paper on "*Private Mad-Houses in England, and the Evils of Asylum Management*," Dr. Ireland says:

It thus appears that the American writer thinks that the abuses in public asylums in the United States are very much greater than those in private asylums. The saving points in public asylums in Great Britain are assumed to be the existence of a board of managers or directors, who are supposed to be competent to keep the superintendent to his duty, and the fact that the superintendent being their servant, generally on a three months' tenure, and receiving a salary from them, has not the same temptation to receive sane persons as lunatics, or to starve or pinch them in food or comforts. Complaints of wrongous detention and ill-usage are much commoner in America than in Great Britain, and are often made against the superintendents of State asylums. This might cause those who object to a private asylum from *a priori* reasons to reflect a little. The truth is, that managers are perfectly useless as a safeguard against the wrongous detention of lunatics, and if they interfered in such matters would do a vast deal of harm. Moreover, they are often surprisingly eager to get the superintendent to have a good balance from paying patients. One of the great evils in asylum management in these islands is the existence in many institutions of a class of directors jealous of their power, but incapable of intelligently exercising it. We know of cases where much harm to the sanitary condition of asylums, and to their proper government and discipline, has been done by such men. They often hinder the superintendent from doing many good things he proposed, and, by contracting for provisions at absurdly low rates, and spending money in wrong directions, do much to harm the patients. An asylum under a single head, if he may be at all a capable and sensible man, is sure to be better managed than when the establishment is under a committee who "take an interest" in the management. The difficulty is that, as these committees vary in degree and kind, it is difficult to get people to rise against a grievance which presses unequally at different points. Can nothing be done to prevent grossly incapable and failed old men from becoming managers of asylums?

We hope to meet Dr. Ireland ere we are much older, and should be glad if he would make it on this side the Atlantic. The Medico-Legal Society would be only too happy to welcome its honorary and corresponding members, and now that the ocean passage is made so short we trust that British and Continental members will look at our American asylums and institutions in their vacations.

The Statue to Pinel was inaugurated as per the announced programme by our sister society, "La Société Médico-Psychologique de Paris," on July 13th last.

M. Lucloire Durand was the artist to whom was entrusted the execution of the statue itself. M. Dagonet pronounced the opening address. The secretary, Dr. Le Grand du Saulle, to whose exertions the success of the enterprise is so largely due, made the presentation address to the Prefect of the Seine, who formally received it in behalf of the city of Paris, and the honorary secretary pronounced the eulogy upon the scientific life and labors of the illustrious Pinel, who honored France as well as his profession by his grandly useful life.

We hoped ere this to have been able to present a sketch of the statue to our readers.

The Congress at Antwerp.—We go to press too soon to give any account of the labors of this body, in which we must feel a deep interest. Our next number will, we trust, be able to give an account of its labors. It has met this month, but we are without particulars of the session.

TOXICOLOGICAL.

122 Gower St., London, W. C.,
July 24, 1885.

Clark Bell, Esq., Editor Medico-Legal Journal:

Dear Sir: In your sketch of Dr. Alfred Swane "Taylor's" life, in the June number of your admirable journal, you committed an error in saying that Palmer was tried for the murder of Cooke by "prussic acid." It should have been "strychnia."

I am, dear sir, yours faithfully,
A. J. Pepper.

Corresponding member of New York Medico-Legal Society.

RECENT LEGAL DECISIONS.

The case of NEAVE *vs.* HATHERLY, recently tried in England before Lord Chief Justice Coleridge and a jury, is well worthy of notice.

The plaintiff, a maiden lady, forty-five years, sued the defendant, a physician, for signing a certificate of lunacy. The evidence showed the plaintiff to be very eccentric and subject to various delusions regarding the Jesuits, her mother, and other relatives.

Lord Chief Justice Coleridge submitted two questions to the jury.

1. Was the plaintiff sane or insane at the time the certificate was signed?

2. Was the defendant guilty of want of reasonable care, skill and caution in signing the certificate?

The jury found the plaintiff was sane, but that the defendant was not guilty of culpable negligence.

The judge held this verdict was for the defendant.

The foreman of the jury stated that such was not the jury's intention by their verdict.

Plaintiff's attorneys claimed that the delusions of their client were mere eccentricities, and not insane delusions. The case is important in showing that the bona fides of the medical man in these cases if found, exculpates from damages, even though the jury finds the party sane who was the object of the certificate.

YSEULT LUCILLE DUDLEY.—The trial of this lady came off before Judge Gildersleeve, in New York City Criminal Court, since our last issue.

The District Attorney made no attempt to convict, doubtless being satisfied of the insanity of the accused.

Through the courtesy of Judge Gildersleeve we sat by his side on the bench the second day of the trial, and heard the medical evidence and the evidence of the defendant, which she persisted in giving against the wish and advice of her counsel, Judge William Fullerton.

The medical evidence of the people, Dr. A. E. MacDonald, and others, showed that she was insane and the victim of insane delusions. Dr. E. C. Mann, for the defense, declared her insane.

The documentary evidence showed that she had been committed to the Criminal Insane Asylum, England, before she came here, from which she had been released by the Home Secretary on application of friends, and had come to America immediately after her discharge.

The defendant gave her testimony with great animation, complete self possession and signal ability.

She perfectly well understood the nature and character of the act, its legal consequences, and was as able to discriminate between right and wrong as any person. She denounced Rossa as a cowardly murderer, who incited the assassination of women and children, she fully verified his connection with and participation in the London explosions, and inciting and contemplating others of a like nature by his confessions and statements made to her. She described the whole tragedy most graphically, and said that she spared his life, against her original intention, by his cowardly and piteous appeals, explaining that it was not customary with the English to strike a man when he was down and appealing for his life.

Despising his cowardice, and feeling that he deserved death for his atrocious crimes, she yet spared him when he begged his life.

She ridiculed the physicians' views as to her mental state, demonstrated to all, that she was entirely competent to discriminate between right and wrong, and fully knew and understood the nature, character, and consequences of her act, that she did it with deliberation and with a full knowledge of

the legal consequences, justifying it in her mind, by the service she rendered her countrymen in ridding the world of a monster, who deliberately planned and plotted the assassination of innocent women and children.

The jury found her not guilty by reason of insanity, and under the New York law she was committed by the judge to the insane asylum at Middletown.

The case conspicuously illustrates the utter absurdity of making the knowledge and ability to distinguish between right and wrong, and of understanding the character and consequences of the act, a test of responsibility in criminal cases, in homicides, or attempted homicides, by the insane.

Had the District Attorney insisted upon this test, and compelled the court to administer the law, as did the English judges in the cases of Gouldstone and Cole, and Judge Cox, in the case of Guiteau, the jury must have found her guilty, even though they believed with the physicians that she was insane.

The writer heard the speech of Guiteau in his own defense in that remarkable trial. Miss Dudley was by far the more intelligent, lucid and able of the two, in all she said, using good language, always well poised, entirely self possessed, keen, discriminating, particularly bright, and effective in repartee in the cross-examination.

Hillman *vs.* Crosskey.—This case, recently tried before Baron Hudleston and a jury in the English courts, excited great interest. It was brought against Dr. Crosskey for signing a lunacy certificate by the plaintiff, who alleged that he was sane. The learned judge submitted the single question as to whether the physician had exercised due care in signing the certificate. The proof showed most decidedly that he had. There was no motive shown for any reason why the doctor, who was an old friend, should have certified him insane unless such was the fact.

In addition to Dr. Crosskey's evidence, many witnesses testified that plaintiff was insane at or about the date of the certificate.

The decision of the jury in favor of the doctor will do much to allay popular feeling in England, and help, doubtless, the pending question upon the reform in the Lunacy Laws still undecided in the English Parliament.

Silkman *vs.* D. B. Crosby.—This was an action tried in the Supreme Court at White Plains, N. Y. for damages for illegal incarceration in a Lunatic Asylum.

The verdict in favor of Mr. Silkman was $15,000.

This case has attracted marked and wide attention. Silkman was committed to the Utica Asylum, and was discharged on Habeas Corpus, over the remonstrance of the Superintendent in charge.

The verdict seems large, but the Jury were undoubtedly of the opinion that Mr. Silkman was sane, and that those who put him in the Asylum should be mulcted in heavy damages.

Mr. Silkman's redress by a jury is the first large verdict we recall of this character here.

Juries cannot give too large verdicts in cases where men are shown to be illegally incarcerated as insane by interested persons for improper purposes.

Adulteration of Milk.—The recent decision of the Supreme Court as to the unconstitutionality of the Milk Law is not a surprise.

The law regarding the sale of Oleomargerine will doubtless be declared unconstitutional for similar reasons.

Legislation in violation of well settled legal principles drawn by persons unskilled in Legislation show the wisdom of the recommendation of Gov. Hill that the State employ a competent official to supervise all bills before the Legislature as to the legality of their form and provisions.

JOURNALS AND BOOKS.

Rare Location of Points of Entrance of Gunshot Wounds in Suicides.—By Government Counsel Professor Maschka, Prague.

Suicides who shoot themselves usually choose a part of the body to which the weapon can be applied with ease, such as the temple or forehead, the mouth, the anterior part of the chest, and in some cases the region of the stomach.

Cases, however, do occur in which the opening of the gunshot-wound is found in unusual places; parts which, of course, must be within reach of the muzzle of the weapon in the hands of the suicide, but which are nevertheless so unusual as to be the cause of grave suspicion in cases where no details or circumstances of the death are known, especially where the body is found in an isolated spot, which was accessible to others.

The following two cases of undoubted suicide, in which the opening of the shot-wound was in the occipital region, will be of interest in this connection:

I.

A cobbler, 64 years of age, who had had financial reverses, came home on March 12th, 188–, at 2 p.m., went into his room, and locked it from the inside. Shortly after this a shot was heard by people in the adjoining rooms, and, on breaking down the door, they found the cobbler unconscious upon the floor and a common pistol by his side. He was taken to the hospital and there brought into consciousness for a few minutes, during which time he said that he had meant to take his life to escape from cares. He died five hours afterwards.

Post-mortem examination showed singed hair and a reddish brown spot about 3 c.m. in circumference, in the middle of which was found an oval wound 1½ c.m. long and 1 c.m. wide, *placed diagonally*, with serrated edges. This wound was somewhat to the left and about 2½ c.m. back from the top of the head. The whole occipital region under the scalp was covered with extravasated blood. In the left parietal bone, in the angle made by the sagittal and lambdoid sutures, an opening was found 14 m.m. long and 8

m.m. wide, going through into the cranial cavity. The bullet was found at the base of the brain, between the left middle and posterior lobe. The substance of the brain in its course was destroyed. The bones at the base not injured. Nothing worth noting in the other organs.

II.

On December 1st, 188–, a young man of 27 years came into one of our hotels towards evening and went to the room assigned him. The next day towards noon, when he had not made his appearance, and knocking at his door brought no response, a policeman broke open the door and found him dead and rigid, in a reclining posture on the sofa, and beside the body a revolver with two barrels empty, the other four loaded.

Post-mortem examination showed on the top of the head a round wound 8 m.m. in diameter with blackened edges, corresponding to which, on turning back the soft parts, was found a bullet completely flattened and lying close to the bone. Reaching from the sagittal suture into the left parietal bone, and about 15 m.m. above the point of the lambdoid suture, was a roundish, depressed fracture, the size of a penny. The inner plate of the skull corresponding to this was also slightly depressed, and the cortical part of the brain at the same point was contused, slightly softened, and of a reddish grey color. There was a second wound, similar in size, etc., below the left nipple, entering the chest, in the cavity of which was found about 2 litres of partly clotted blood. The track of this second wound was through the left lung, the pericardium, and the heart. The bullet was found in the eighth intercostal space, close to the spinal column. No other injury anywhere on the body.

There seems to be no cause for doubt here that the suicide, on failing to attain the desired result with the first shot, directed the second one to his breast.

Should cases occur in medical jurisprudence with the opening of the wounds in such unusual places where the question of "suicide or homicide" has to be decided, the following considerations would have to be taken into account:

1. The possibility of reaching the part of the body in which the wound is located should be decided by the examiner, through attempting to place on the corresponding part of his own body the muzzle of the weapon if found, or a similar one, with his right or left hand.

2. Certain well known appearances, such as burning, singeing, dark discoloration, and hardening of the parts close to the wound *must* be present for a theory of suicide; but they do not *prove* this by any means, because they do not exclude the possibility of the close application of the weapon by a second person to an individual while asleep, drunk, or otherwise stupefied.

3. Other items, such as signs of resistance, traces of a struggle, of robbery, or of other injuries, should be looked for. The character of the locality, the condition of the clothing, and circumstances under which the

killing took place considered. An apparent motive for suicide, or a written or verbal expression of any intention should be carefully weighed in order to enable us to give a positive opinion, or one that shall at least indicate the probability. H. S. OPPENHEMIER, M. D.

THOMAS' PRONOUNCING MEDICAL DICTIONARY.—By Joseph Thomas, M.D., L.L. D. Lippincott & Co., Phila. 1866.

This valuable work from the press of J. B. Lippincott & Co. is upon our table, and merits more than a mere passing notice.

Dr. Joseph Thomas has furnished the profession with a most useful work which can be used as a handbook, containing in all some 843 pp., which, while it gives the meaning and derivation of medical words and terms, also gives their pronunciation, the importance of which must be seen and acknowledged by all.

To the editor or writer who desires to know the exact meaning of medical terms, the work is of great value, and to men of other professions no single work we can recall is more valuable as a ready reference.

The appendix contains explanations of Latin terms and phrases, which, now that the profession has so many members uneducated in the Latin tongue, must fill a great need.

This appendix also contains advice as to writing prescriptions, tables of doses, of chemical symbols, of the orders and families, of the living mammalia, and of the metric weights and measures.

All in all, the work is a credit to its author, and we believe will be favorably received by the medical press and profession.

MIND IN NATURE.—A new monthly journal published by the Cosmic Publishing Co. of Chicago, Ill., is devoted to psychical research, under the management of J. E. Woodhead, at the exceedingly low price of $1.00 per annum.

It has a long list of special contributors, among which are some of the most distinguished scientists and divines in this country. It discusses all the questions of popular superstitions, faith cure, animal magnetism, and all natural pheno-

mena, apparently inexplicable by known physical laws, upon a broad plane, and aims to conduct scientific examination of psychical phenomena.

It is ably edited and conducted, and in typographical appearance is most creditable.

It is a welcome journal on our exchange list.

Phrenological Journal.—This veteran journal, the pioneer of the philosophy of Gall and Sphurzheim, still maintains its old hold on popular favor, and occupies almost solely the phrenological field.

Time was, not far distant, when scientists refused to recognize the proposition that the faculties were localized in the human brain. The doctrine of cerebral localization which has attracted so many able and capable students of the minute anatomy of the brain, has led all fair minds to read carefully the writings of Gall, Sphurzheim, and their collaborators. While the advanced scientists would not accept all that phrenology claims, if we correctly understand its assumptions, we think that the light of recent scientific exploration tends towards the leading truths of cerebral localization, and it is the better belief now that within the next generation we shall come by the aids of such seekers as Meynert, Luys, Draper, Hitzig, Heitzman, and those who come after them, into now unknown fields, which will demonstrate that each faculty has its seat and location which can be precisely and accurately located in the human brain.

Der Irrenfreund (the Friend of the Insane), edited by Dr. Brosius, director of the private asylums at Berndorf and Seyn, near Coblenz, in a recent number reports a very interesting case: "Remarkable Cure of an Imbecile."—The patient, with his attendant, was traveling by steam to a sanitarium where he was to be treated. In an unguarded moment the imbecile, with suicidal intent, as was supposed, leaped overboard. As soon as he found himself in the water, however, his fright and anxiety were agonizing. The steamer was

stopped and the drowning man rescued. When the patient had recovered from the immediate effects of his submersion it was observed that his mental faculties were much brightened. The journey was continued, and the patient was placed in the institution for which he had been destined. To the astonishment of those who had known his previous condition, his improvement, dating from the leap overboard, continued so rapidly that in a few weeks he, who had been entered as an imbecile, was pronounced cured, and was discharged. The observer who describes the case remarks that at least it is a very remarkable phenomenon if a few moments of supreme fright, causing molecular changes in the brain, can affect the mental powers He refers to the almost traditional relief, founded to some extent on observation, that persons of unsound minds are often restored by the action of some great emotional crisis. The writer thinks that the probable explanation of this lies in the fact that the occurrence giving rise to the emotional crisis, coincided with the climax of the disorder, which would naturally have been followed by a period of calm. He adds that the improvement claimed in such cases is more often apparent than real, and that readmittance to the institution from which they had been discharged is the usual fate of patients pronounced restored, as in such an instance as the one above reported.

The New Orleans Medical and Surgical Journal (the oldest medical journal in the Southwest), in its May number, has a synopsis of the annual address before the Orleans Parish Medical Society, by Rudolph Matas, M. D., the subject being the "Physical Basis of Crime." The author believes that whatever light could be thrown on the subject of criminal causation must come solely from the study of mind and ethics as regarded from the physiological and evolutionary standpoint. Dr. Matas also enters into some discussion of the law of heredity, but considers its influences not to be dreaded more than those of the law of environment. In dealing with the subject of responsibility, the writer claims that the theory tha

a criminal is not responsible in virtue of his physical organization does not in the least conflict with the interests or the rights of society to protect itself. Dr. Matas closes with the advocacy of capital punishment for the insane who commit homicide, but pleads that such a death might be made painless, and that, by special proclamation, the execution should cast no stigma on the family of the insane homicide.

Repertoire de Pharmacie et Journal de Chimie Medicale Reunis, a journal devoted to practical selection from the current literature, and now in its forty-first year, contains in its June number, among other valuable selections, an article by M. Villiers "On the Formation of Alkaloids in Disease." M. Villiers describes alkaloids extracted from the organs of persons dead of broncho-pneumonia following measles, cholera, and diphtheria. A study of "The Time of Common Consumption in Paris," by Dr. Maguier de la Source (taken from the *Journal des Connaissance Medicales*) gives examinations into the common adulterations, and enters somewhat into the question of how far such falsifications affect the public health.

The Medical Annals of Albany publishes a paper read before the Union Medical Association, at Glens Falls, N. Y., by the president, J. B. Stonehouse, M. D., entitled "Historical Retrospect of the Care of the Insane." The asylums, both abroad and in this country, from earlier days to the present, receive careful attention. The literature of insanity is next considered. Dr. Stonehouse regards the works and periodicals of this specialty that have been produced in the United States as valuable, though not voluminous, and thinks that the carefully prepared annual reports from the various asylums should be accorded a higher literary position. The paper closes with a tribute to the most eminent medico-legal names of America.

L'Union Medicale du Canada, under the heading "Our Asylums for the Insane," treats of Canada's provision for the insane, and strongly urges a change in the management of its asylums. The government pays to the proprietors of such in-

stitutions so much for each patient, and this being the case, it is obviously to the advantage of said proprietors to admit as many as possible within their walls. Under this system many perfectly sane persons are unjustly incarcerated, and many are detained for varying times after complete restoration to reason. The excellent hygienic surroundings usually provided for the insane are spoken of, but the inadequacy of the medical care in institutions of this class is noted. It seems to be no uncommon occurrence to find but one physician to nine hundred or one thousand patients, and this physician will seldom be one who has made a special study of mental diseases.

The Law in Shakespeare. By Hon. C. K. Davis, Esq., of St. Paul, ex-Governor of Minnesota. (West Publishing Co., St. Paul, 1885.) Lack of space has so far imperatively prevented the notice we have proposed of give to this admirable brochure, though later on we may be more fortunate. We must content ourselves for the present with saying that it is undoubtedly the best and most extensive of all the present volumes which point out the legal scope of the brain of that myriad-minded and always incomparable poet, who in the twilight of the Elizabethan age, was able to see and report not only the innermost of all that was, but the soul of all that was to be. Governor Davis' introduction we leave with regret; certainly no more eloquent tribute has ever been laid at Shakespeare's feet. It quite takes the pith out of other men's eulogiums of the master.

The Shakespeare Society of New York, which was incorporated only in April last, has, in little more than two working months, completed its oragnization, placed itself on a solid basis pecuniarily, and already printed its first two volumes of publications. Its president and founder is Mr. Appleton Morgan, at present an officer of the New York Medico-Legal Society, of which he has been a member for the last ten years.

The Student's Guide to Medical Jurisprudence. By John Abercrombie, M.D., Cantab., M. R. C. P. I. and A. Churchill. London. 1885.

This is a small work, but a decidedly good one.

It treats of thirty-five distinct subjects in as many chapters, and make us regret that the original plan of the author to make a simple handbook has forbade his speaking at length on subjects of which he writes so well.

His chapter on "Insanity," for example, contains only 16 pages of his book, yet he accepts Dr. Bucknell's definition as the best, gives the classification of the College of Physicians, treats ably of competency and capacity, gives a good critique of the Gilbert Scott case, of the relation of madness to crime, citing recent leading cases of Gouldstone, Cole, and Guiteau, all convicted of homicides though insane, being a statement of the present state of the English law and system. He devotes considerable space to the toxicological aspect, giving a dozen chapters to all the poisons, which he briefly describes.

It is easy to say that many of his chapters are too short, as that of Rape, Abortion, Life Insurance, and some others.

Both professions are indebted to Dr. Abercrombie for this valuable little work, and had he doubled its size by as valuable contributions to many of the topics, his volume would have been almost a standard one. We certainly regard it as an authority as it stands.

Books, Journals and Pamphlets Received.

From the Irish Lunacy Commissioners, Dublin Castle, Ireland, 31st, 32d and 33d Reports on the District, Criminal and Private Lunatic Asylums in Ireland. 1882. 1883. 1884.

Victor Andheriè, M. D., Paris, 1885. Discours sur la Station Medicinale de Vichy.

L. D. & S. I. W. Rogers, M. D's., Chicago, Ill. The People's Health Journal, No. 2, Vol. 1. July, 1885.

United States Medical Investigator. Chicago. August, 1885.

American Medical Digest. New York. August, 1885.

Medico-Legal Society of France. Bulletin Tome VIII.

Societe de Medecine Mentale de Belgique. Bulletin No. 37. Anne, 1885. 2d fasicule.

The Indicator of Art and Music. Chicago. C. L. Fox, Manager. August, 1885.

Shadows in the Ethics of the International Medical Congress. By Levi Cooper Lane, A. M. M. D. 1885.

Cooper Medical College. Announcement for 1885. San Francisco.

Prof. Von Krafft—Ebing:

1. Die Contrare. Sexual empfiurdung vor dem Forum.
2. Beitrage zur Lehre, vom transitorischen Irresein.

Chicago Medical Journal and Examiner. March, 1885.

Etudes Medico-Philosophiques sur Joseph Guislan. By Dr. Burggraeve. From B. C. Ingels, M. D. Brussels, 1867.

The California Homeopath. San Francisco. Vol. 3, No. 5.

Town Topics. September, 1885.

American Newspaper Annual. N. W. Ayer & Son. Philadelphia, 1885.

Hon. L. P. Morton. Proceedings Inauguration Statue of Lafayette Presentation and Reception of Bartholdi Statue. Paris, July, 1885.

Astor Library. Recent Accessions. July, 1882.

Annual Report Cork District Lunatic Asylum. 1884.

Fifth Biennial Report Iowa State Hospital for Insane. 1883.

College of Medicine. Southern California. Annual Circular. 1885.

Proceedings of Society for Study and Cure of Inebriety. June, 1885.

Henry Leffman, M. D. Charge to Graduates. 1885.

Transactions College of Physicians of Philadelphia. 3 series, Vol. VIII.

Henry Leffman. Plea for Use of Pure Alcohol and Mixtures, &c. June 3, 1885.

Caries & Necrosis. By Hal C. Wyman, M. D. Michigan College of Medicine.

Surgical Notes. By Dr. W. C. Wile. July, 1885.

Societe d'Anthropologie de Bruxelles. Bulletin Tome III. 1884 and 1885.

Thomas' Medical Dictionary. J. B. Lippincott & Co. Philadelphia. 1886.

The Cook. New York. September Numbers. 1885.

Association Francaise pour l'Avancement Des Sciences. Bulletin No. 42. Paris. Rue Antoine-Dubois 4.

Cronica Medico Quirurgica. Havana, Cuba.

Babyhood. 18 Spruce street, New York.

The Shakesperean Society of New York, Publications:

Venus and Adonis. A study in Warwickshire dialect in the Glossary. by Appleton Morgan. 16 mo, pp. 150. Price, $2.

Ecclesiastical Law in Hamlet. The Burial of Ophelia. By R. S. Guernsey, Esq.

Indiana Medical Journal. Indianapolis. June, 1885.

The Recognition of Classes of the Insane in Asylum Construction. By W. W. Godding, M. D, July, 1885.

Necessity for Hospital Treatment for Curable Cases of Insanity. By S. A. K. Strahan, M. D. July, 1885.

Annual Announcement of Memphis Medical College. 1885–86.

Preliminary Observations Upon the Brain of Menopoma and Rana. By Henry F. Osborne, Princeton College.

The Physio-Medical Journal. George Hasty, M. D., editor Indianapolis, Ind. Vol. XI., No. 8.

Irregular Contraction of the Uterus. By E. S. McKee, M. D. Cincinnati, Ohio.

Membrana-Virginalatis. By E. S. McKee, M. D. Cincinnati, Ohio.

Christ Among the Cattle. Sermon by Rev. Fred. R. Marvin. Portland, Oregon. 1885.

Seventh Annual Announcement Fort Wayne Medical College. 1885–86.

Naturalists Leisure Hours. August, 1885.

Daniel's Medical Journal. August, 1885. Austin, Texas.

The Summary. Journal of the New York State Reformatory. Elmira, N. Y.

Prof. P. J. Kowalewsky. Church of Russia.

Tabes. Dorsnalis illusoria. Report from Centralblatt fur Nerv Psychology und Gericht Psycopothological. VIII. Jahr. 1885. No. 15.

Psychiatric. Course of Lectures delivered in University at Kharkoff, Russia. Second edition; revised and enlarged.

Dr. Stearns, Hartford Conn. Are Boards of Lunacy Commissioners Expedient for American Asylums? Hartford. 1877.

THOMAS A. BUCKHAM, M. D.

Dr. Buckham is a native of Scotland, whence he emigrated with his father in 1831 to Toronto, Canada, near which city his infancy and early life were spent. Educated at the Military School of Toronto, he chose the medical profession. Graduated from the Victoria University in 1856, he later in 1876 received the diploma of the College of Physicians and Surgeons of Ontario, Canada. Dr. Buckham held civil offices in Canada, was a Master in Chancery, Commissioner of the Court of the Queen's Bench, Notary Public, and Justice of the Peace; appointments for life or during good behavior there, not usual to be held by medical men, but for which he was peculiarly fitted.

Removing to Petrolia, Canada, he built up there a successful practice, from whence he moved in early part of 1868 to Flint, Michigan, where he still resides.

He was tendered a public dinner by his friends and leading citizens at Petrolia on leaving that place.

In 1874, when a delegate to the American Medical Association, he read a paper at its session in Detroit, on "*Toxæmic Effects of Urea.*" Re-elected a delegate, he read at the next year's session at Chicago a paper on "*Medical Testimony*," with "*Special Reference to Cases of Insanity*," which attracted marked attention throughout the country.

Dr. Buckham possesses a keen analytical mind, is a close student, a forcible and elegant writer, and has won his way into the front ranks of the medical profession of Michigan.

A capable surgeon in the foremost place among general practitioners, it is probably in nervous diseases, and as a medical expert, that he has won his highest laurels.

His recent work, "*Insanity in its Medico-Legal Relations*," published in 1883, by J. B. Lippincott, of Philadelphia, has given him national, if not cosmopolitan, reputation.

He was elected a corresponding member of the Medico-Legal Society of New York in 1884, and takes a great interest in forensic medicine.

Dr. Buckham occupies a distinguished and prominent position among the medical men of Michigan, and will no doubt be a valuable contributor to the literature of medical jurisprudence for the remainder of the present century, if his life is spared so long.

PINEL.

SIMULATION, OR DISTURBED INTELLECT. DISEASE OF THE BRAIN. RESPONSIBILITY. BUSINESS RESPONSIBILITY. INDICATION FOR CONFINEMENT.

By Prof. L. Wille, Basle, Switzerland.
Corresponding Member of the Medico-Legal Society.

(Read before the Medico-Legal Society, October, 1885.)

The following case touches so many relations of clinical and forensic medicine that I may count it without hesitation amongst the so-called interesting ones. Its publication is justified the more by the fact that it is one of the rarities among the forenso-psychiatric cases in which the autopsy controlled the determination. I shall first give the clinical and judicial history, based on my observation and opinion; secondly, the opinions delivered upon the case; lastly, the fatal result and report of the post mortem examination, and close with the conclusions drawn from clinical and forensic standpoints.

HISTORY.

J. E., born in 1833. His mother is alive. He went to school until he was twelve, and then served three years as errand boy. He then returned to his home and worked there as raftsman. Then he served a few years in a Swiss regiment in Naples until 1859. In Naples, he says he was sunstruck and had "inflammation of the brain," during which he was with difficulty prevented from jumping from a fifth story window. There he also contracted a venereal disorder, with later secondary symptoms. Since 1863 he has remained in B. He married in 1864. Before marriage his wife had a

son by him, who is now alive. During marriage his wife aborted twice, and she is now in the eighth month of pregnancy. Since his stay in B., he has been fireman for Mr. B., who gives him a recommendation as an intelligent man, perfectly satisfactory in his work. Only very recently E. became careless in his service and remained away frequently. E.'s wife, however, gave him a less complimentary recommendation. She claims to have suffered endlessly all through her married life from his moodiness, suspiciousness and brutality; so that she often thought of getting a divorce from him.

When he was drunk, which happened often in the first years of their marriage, she frequently had to fly to escape his violence. The last three or four years he stopped drinking, and from then his head complaint dated. Although he had had violent headaches at times in former years, during which his head would look red and swollen, yet they would subside promptly on application of cold. In these last three years, however, the head pains came oftener, were more severe and lasted longer, and since last winter they were present constantly. In December he complained of his stomach, ate less, suffered from rheumatism and renal colic, lost flesh, and during the winter fell unconscious several times. When the headaches were severe, he always spoke of suicide, but never made an attempt to commit it. During these last three years he became more unbearable than before, so that she often thought he was wrong in the head. Without cause he would not speak a word to her for three months at a time. He treated her son very badly. The last year it struck her that he was growing forgetful, and from being miserly he began to speculate with his money. With his faults the man had good qualities also, however. He was economical, but did not stint his family, and when chance offered was helpful to strangers. He supported his old mother, and was always good to children. He was

industrious, and, besides his regular work, attended to the heating of several churches.

E. spent four weeks in March and nine days in May in the medical ward of the hospital with headaches and gastric catarrh. The headache was referred to the occiput, and said to be combined with vertigo at times. Objectively nothing remarkable was noticed besides occasional polyuria, irregular pulse and palpitation, and continuous swelling of the glands at the bend of the elbow. E. stated in the middle of March that he had lost thirty-eight pounds of flesh. He gave his history with great accuracy, and seemed mentally normal, with exception of a somewhat hypochondriac mood.

On May 25th E. was charged with being guilty of indecent actions with children under fourteen years during the summer of 1879 and during the summer and winter of 1880–81. It was alleged that he had repeatedly committed sexual abuse with the children, and he was arrested on the 27th of May. On the hearings of the case on May 27th and 28th and June 2d he answered questions about his past with great accuracy. He affirmed his innocence of the charges brought against him with persistency, and pronounced these as "trumped-up stories to get him committed." On the night of June 3–4, he is said to have made an attempt at suicide in his cell. From the 4th on he remained in his bed on account of headache, and from that time, according to the statement of a fellow-prisoner in the same cell, he was restless at night, talked loud and incoherent, and was always greatly dejected. This fellow—the cell companion—who was locked up pending the examination of some of his medical swindles, declared E. as suffering from softening of the brain. Another fellow-prisoner, of a later period, remarked the same, and stated further that he frequently saw E., when trying to leave his bed, give out sideways. He never fell, but always held on to something for support. The medico-judicial examination yielded nothing abnormal be-

sides unequal pupils and a coated tongue. On the 7th of June, E. is said to have answered clumsily and indistinctly. On the 11th of June, E. gives no answer at all to questions, whereupon he was subjected to a medical examination, which declared these symptoms as simulation, or due to deranged intellect fron syphilis. On June 13th, the undersigned was invited by the President of the Criminal Court, to furnish answers to the following questions: *Can E. be brought before the Court? What is the character of his disease? provided his is not a case of simulation.* I will only add that E.'s wife states that she has known his whole family; that she never heard of any case of deranged intellect occurring in it. That one of E.'s brothers and his mother suffered with a "rush of blood to the head," for which they had to be bled often. Other people, who knew E. well, professed to know that he was very excitable in sexual relations, and was looked upon as a cunning, crafty fellow.

2D. RESULT OF MY EXAMINATION.

E. is below middle height, but of strong build, reduced nutrition (150 pounds), and pale face. His face and carriage are characteristic of weakness and flaccidity. The former hangs expressionless, the latter bowed and powerless. The head is always sunken upon the breast, the eyelids cover the greater part of the globe. His glance is fastened to the floor, the forehead wrinkled. Every time he is addressed he complains of pain in his head. Pointing to his occiput, he asked me to open his head, "then I could see what ails him." No closer description of his headaches only that they are unbearable. A touch of the head, any passive motion of the body, aggravated them. Percussion of the head gave him the sensation of some one boring into his brain."

Objectively, E. shows a normal and well developed skull.

The scalp is normal, covered thickly with hair turning gray. The folds of the forehead are equal. It seems, ordinarily, that the right eyelid hangs lower and is less readily moveable than the left. The pupils are rather small. They were constantly unequal the first few days of the observation, the left being the larger; recently they were in the main equal again. They react slowly to light. Marked difference between the two sides of the face can not be shown. He says he cannot whistle, which he could do formerly. The tongue is clean, straight, trembles a little at times, but freely moveable in all directions. The head appeared at first somewhat reddened; recently it is rather pale. Hands are mostly cool, and do not tremble. The pulse is strikingly changeable, rarely of normal frequency, mostly 100–120 a minute, but it is rhythmical. All of E.'s movements are slow, clumsy, labored and weak; but not uncertain or unsteady. His speech is also slow, interrupted; but each word is pronounced distinctly. No other physicial abnormality. A slight elevation of temperature, present at first, disappearing rapidly. Appetite good, digestion fairly regular. He sleeps the greater part of the night, and is at times found sleeping during the day. Repeated examination of urine showed nothing abnormal. At times he complained of pains in the knees, at others of vertigo, while he is up. Since he is here he has not fallen on rising or in going about. Tendon reflex is very strongly developed *no evident traces of former syphilis.* The most prominent mental symptom is his need of *rest,* and his avoidance of everything tending to disturb this. He not only stays abed constantly, but even in the bed he takes such a position as will protect him as much as possible against any external impression. When he is up, which is never voluntarily, he isolates himself and seats himself as far as possible from all others. When he cannot avoid others, he is visibly dissatisfied and irritable, and responds as little as possible. Questions have to be repeated frequently before

he answers, and then only in monosylables, or more often "I don't know," or "ask my wife, she knows." These are the stereotyped remarks he uses to escape from curiosity unpleasant to him. The only spontaneous remarks are complaints about his headache, and requests for relief from it. Sometimes he would say that "they took away the money in the night, a whole basket full of white, shining 5-franc pieces, which his brother had sent him from America by mail (sometimes) at others he, the brother, brings them himself. He asks for a revolver to shoot the thieves." This story, mostly connected with nocturnal visits of his mother or brother, he repeats often, and told it when he was yet in preliminary durance for examination. Sometimes he talked of other nightly visions, of snakes, animals and men, which latter are usually very transitory. Once he claims to have seen a man with a knife, and another time with a gun to kill him, *in daylight*. Mostly he insists that these are *real* experiences, but sometimes he will speak of them as dreams. In the last week he made no statement of this kind at all. He pretends not to know where he is; calls the hospital Fort Gotha, and another institution the barracks. Answers "I don't know" to many questions; gives his age as twenty-four, twenty-five or thirty-seven; pretends not to know the season or month; answers silly stuff when asked about the most recent occurrences in his life. He knows nothing of the actions of which he is accused, or the persons involved in them; neither names nor places. This absolute ignorance he shows whether his headaches are slight or severe. This ignorance is not confined to objects of memory only, but in equally pronounced a manner to his understanding and judgment of ordinary, simple incidents of daily life. He mentions the wrong time when the watch is shown him, does not recognize the different coins in his hand, can not write his name, can not read a word; does not know why he does this or the other thing, can not tell whether it is morning,

noon or night. With all this, E. behaves himself properly, takes care of himself in all respects, keeps himself clean and decent, never takes the wrong door or a false movement for his purposes. He knows his wife at first glance, recognizes the physicians and nurses, and makes use of them in their proper capacity. In short, his actions are in no way perverted, but answer certain aims and objects. Still more astonishing is the fact that E. answers questions of a general nature in a way to show striking judgment. In the beginning of his stay here he communicated to other patients incidents in his travels through France and Italy, and of his stay and experience in Naples, while he would answer questions of the physicians upon the same subjects with his stereotyped: "I don't know." Since I expressed my astonishment to him at this difference he is equally taciturn, repelling and inaccessible to all other persons.

3. OPINION.

E. makes the general impression, based upon about three weekly observations, of being a sick man. Taking the symptoms, together with the statements of E. in concise form, I find above all *physically:* intense, continuous local occipital pain; changing, uneven pupils, moderate general motor weakness, and, respecting its rapidity, an abnormal pulse.

Mentally, we observe an almost absolute weakness of memory, retention and judgment, a kind of disturbed consciousness which prevents his correct appreciation of time and place, and lastly a series of delusions, based mainly on nightly hallucinations, with rare daily occurrence of the same. These symptoms correspond mainly to the condition we call weakmindedness, or imbecility, combined with symptoms of irritation in the central sensory tract. Three kinds of mental disturbance suggest themselves in connection with this subject, who was formerly intelligent and had

never, until recently, shown any sign of weakness of intellect, namely: *Primary dementia, paralytic dementia and syphilitic disorder of the mind.*

Such an assumption is well founded in the character of the individuality with which we are dealing, as also his course of life. We have here to deal with a brutal, passionate, sensuous nature, experiencing sunstroke and brain fever in youth, contracting about the same time a specific infection, going later into alcoholic excesses, subject to radiation of great heat and constant bodily exertion, upon which, finally, we have the effect of a very serious accusation. According to the wife's statement for a long time (outsiders say only of late) he has shown a changed manner, an irritable disposition, depression of spirits, irregularity and disorder in his occupation. He spoke often of suicide, complained of headaches, lost flesh. In short, showed mental and physical depression, which are often preliminary to attacks of lunacy. I must add that just in the stage of development of insanity, we frequently observe the sexual instinct increased pathologically, and in consequence sexual excesses and indecencies committed. Under these conditions, the assumption of the presence of insanity is not forced nor incomprehensible, and has a clear causal connection. The insanity, in the course of development, from stated causes received through the accusation and arrest, the last stroke which caused the breaking out of the disease as we see it before us. We will then assume that E. has insanity in one of the above forms. But we again halt when we consider that the picture of the disease corresponds as little to that of syphilitic insanity as to primary or paralytic dementia. Above all, the fact makes us doubtful that the serious physical disturbances which we usually see accompanying these forms of insanity are absent. We have here a case different from those usually observed, and in such a way as to make the exception arouse doubt of the correctness of

the diagnosis. And even in psychical respects the picture does not correspond to one of the three forms of insanity probably present. The appearance before us contradicts itself, and contains points unnatural, made up and artificial to exaggeration and caricature. We should have to look upon E. not only as an ordinary imbecile, but one of the highest degree. To be unable to recognize a coin or the time of a watch, to forget his name, his past, his ability to read and write, etc., etc., these are symptoms well enough to observe, but they contradict the behavior of E. in other respects; which is that, not of an imbecile, but of a man with some trouble in his head. Add to this that such high degrees of imbecility appear so rapidly *only* from some acute cause or injury, or acute inflammation, which we have not had here. But even in such cases, when there is any mental reaction at all, we have a simple recognition of direct perceptions, and the more complex mental acts remain unsolved, while with E. the reverse is the case. He judges the simplest everyday conditions of life wrongly, or not at all, while he answers puzzling questions at times. Besides this, add that when thinking himself unobserved during the first days here, he conducted himself differently towards others, and showed memory and judgment, and we are justified in holding that E.'s condition of mind is not quite natural, nor entirely to be ascribed to disease; but in a measure artificial and affected purposely. In other words, I regard E. as a malingerer. The development of his condition bears this out. Up to the 2d of June his talk and conduct in the hospital or during the examination was mentally correct. On the 3d and 4th of June, without special occasion or cause therefore, suddenly appear symptoms of serious mental derangement. He ceases answering, his fellow-prisoners think him insane. Observation confirms abnormal intellection, not of insanity, but of stupidity evidently feigned. Shall we then pronounce E. a malingerer and in

no wise sick? I should not like to affirm this. We have, nevertheless, symptoms, pointing to the existence of a nervous disorder originating in the head. For years he has had headaches and fluxions to the head. The irregular pulse, the changing, abnormal pupils (both symptoms which cannot be simulated), the certain nervous weakness, and great loss of weight, make the existence of a painful nervous disorder all the more certain, as the past life of E. gives ample source for such an affection. With this assumption we can explain naturally a series of appearances observed in E. We know how carefully an animal, suffering in some part of the body, will avoid every movement, because it increases the pain, and will seek rest and quiet. Just so a suffering man acts, and especially one with headache. E.'s actions correspond exactly to this. If possible, he is still and quiet and avoids being disturbed. The propensity to remain in bed, taciturnity to complete dumbness, his irritation at contact with others or disturbance of his rest, his "don't know" in answer to questions, the reduction of his movements to the least possible, his want of energy, are all explained in this way.

These are symptoms of a kind of hypochondria which we assume E. to suffer from. Nevertheless, his "don't know" (standing for "don't want to know"), and his queer, senseless answers, his delusions and hallucinations, are strange to his malady. *I consider the first simulated. I am convinced that E. pretends not to know things which he knows very well; that he purposely perverts answers to questions which he could give correctly; that he pretends not to understand things which he knows very well.* But it is quite a different question how it stands about the delusions and hallucinations. Shall we regard these also as simulations in order to be pronounced insane? Or has the taking away of his money at the time of his arrest, together with dreams and their continuation in the twilight of his consciousness,

given rise to delusions? The question cannot be answered with absolute certainty. I must express a suspicion lying very close, that this simulation may have been determined by the influence of the quack doctor in his cell, who desired to continue in this way his cheating and swindling schemes and directed E. how to play his roll. He probably found in E., who was intelligent enough to deceive his surroundings for years concerning his true character, an apt scholar. Nevertheless, according to our psychiatric experiences, I must hold that, besides simulation, *we have before us a deranged intellect*, in spite of the fact that E. continues playing his roll to the present moment, although of late in not so striking a manner.

I have the honor to formulate as the final result of my investigation the following sentences:

1st. E. has suffered for years with hypochondria, with well-marked head symptoms.

2nd. The symptoms which are observed at present depend in part upon these *neuro-psychic* conditions, and are in part produced intentionally (thus belonging to the domain of simulation).

3rd. Responsibility for his actions is to be negatived until there is improvement in his nervous disorder.

4th. I recommend for E. a longer stay in the hospital for purposes of treatment.

This recommendation is based upon the experience that just such hypochondriac conditions as E. shows are frequently the beginning of serious diseases of the brain.

Witness to the best of my knowledge and conscience

L. Wille.

Basle, July 6th, 1881.

ABSTRACT OF THE MEDICAL HISTORY.

End of July, 1881.

Patient is more talkative and chats without being questioned. The words follow each other slowly; whatever he says is substantially correct. He still pretends being ignorant of the place where he is, confounds the surrounding localities of the prison, which he formerly knew well, and insists steadily upon this being the date of 1878. He relates, however, affairs that occurred in former years, which agree fully with his previous statements. No signs of illusion or hallucination. Of the recent past he denies all knowledge. Complains of headache as before. His motions are normal, but slow and clumsy; no difference between left and right side His facial expression is flaccid and expressionless, but no difference between the two sides. Pupils mainly unequal. the left one a little enlarged, but like the right one responding to light. The tongue, as well as sight and hearing, perfectly normal.

Patient is given twice daily 1.30 kalihydriodidi, and douche to head and spine, which alleviates his headache chiefly. His weight has diminished to 50 kg.

August.

During the course of this month, he is conscious of the proper time and place. He recognizes now the place where he is, knows the use of the buildings in the neighborhood, and indicates correctly the date. This fact is observed on the occasion of an interview with his wife, two weeks before he makes admission to the physicians. Bodily—increase of appetite, gradual increase of nutrition, little and unsound sleep at night.

September.

He makes the most exact statements concerning former and most recent occurrences. He knows everything, recognizes everything except the cause of his arrest and what is

connected therewith. All attempts to refresh his memory he baffles with the answer "I do not know." His mood is improving. Patient again takes interest in everything; he is frequently cheerful and lively, though he still complains of pain in the head, walks about all day, addresses other patients and converses with them. He comprehends quickly, adjudges his surroundings correctly, has a correct judgment, so that the patient must still be looked upon as quite intelligent. At intervals, however, there are hours in which his mind reacts but poorly; does not care to know anything, is in a deep melancholy mood, and expresses wishes for the end of his suffering and his life. Of his former hallucinations he denies all knowledge; he must have been probably in a "dream." Nutrition and appearance improve, as well as his sleep; his pulse is still more frequent than normal, but does not exceed 100 beats a minute. As the seat of pain in his head he points almost exclusively to the left frontal part, the temple and the back, while formerly the seat of pain was more central, as in the forehead, the vertex and occiput. He seems to be fully resigned to the prospect of his being brought soon into court. "Let them do what is right, but I do not know why they subject me to an examination." During the middle of *October*, the following opinion is given at the request of the President of the Criminal Court; (His weight by that time had risen to 55.5 kg.)

"I have the honor to inform you that the condition of the prisoner, I. E. v. B., under examination, who has been under treatment in the department for the insane, has improved considerably. E.,though, is still highly hypochondriacal,complains continuously of pain in the left side of his head and seeks relief for it. E. still denies all knowledge of the cause of his indictment and that he has passed several weeks in detention and has been the subject of judicial examination On the other hand, he gives accurate information on all. questions put to him, that do not touch the above subject;

he now recognizestime and place, and judges persons and occurrences correctly; he remembers again persons and relations of the later and remote past, though his memory is not always exact regarding dates and names; he does not seem to have any more illusions or hallucinations; his mind seems to be more free; he enjoys again the society of people, and his whole deportment and conduct seems to be well regulated. Hand in hand with his improvement in his mental condition goes that of his body. He has grown stouter, looks better, his bodily functions are regular; the former disturbances occur but seldom and are of very short duration. His improvement is such that I consider him now in proper condition for legal adjudication, and that his detention in the hospital is no longer necessary.

On the other hand, I must declare that the conclusions of my former opinion, of June the 6th, are still maintained by me, and in regard to the pending trial I beg to add:

1. I still consider the accused suffering from melancholia; that his present condition is but the beginning—the iniatiatory symptoms—of a prospective severe disease of the brain.

2. I am convinced that at the time of the occurrence for which he is under indictment, he was in a mentally normal condition, and that he must be held responsible.

3. That the defect of memory, still maintained, cannot be explained by any experience had by me; that it is rather in contradiction thereof; that I consider it as an intentional denial of knowledge, an untruth, and a symptom of simulation.

4. That, on the other hand, E. suffering for many years from nervous disease, is entitled to a mild judgment, regarding the omission or commission of acts, as such an affection, according to all experience, injures the mental integrity.

Should E. be found guilty, the question arises, whether he should be treated as sick and capable of being imprisoned? Whether it is proper to subject a person, subject to such

disease, to the influences of a prison? Though not absolutely negativing this question, I would not assert the affirmative, except under reservation. I believe that E., from a medical point of view, can be declared in a proper condition for confinement in a penitentiary; that he should be recommended at once to the medical attendant of the penitentiary for observation, so that in case his condition should show an essential relapse he might be returned to the hospital."

BASLE, October 15th, 1881. Accept, etc.,

L. W.

E. was condemned on the 24th. of October to penal servitude for a term of five years. Before the court he made correct answers to the questions put to him; knew the witnesses; but all questions directly relating to the crime (attempt at bribing, arrest, examination, attempt at suicide, detention in prison) he answered with "I do not know."

In 1882, I had twice occasion to see E. in prison, where he made no different impression upon me than during the last years of his stay in the institution. On the other hand, I found him, though not physically weaker, more reduced in flesh. The director of the penal institution assured me that he made a confession of his crimes and was very penitent. His deportment was altogether very excellent. He was industrious, quiet and collected. Questioned by me regarding the cause of his imprisonment, he was very reticent. He neither made a confession nor a denial, but passed over to another subject. "He was still suffering frequently from severe pains in the head, but at times he suffered less and at times his head felt all right."

On the 21st of May, 1883, the penitentiary physician found E. much weaker in body and mind, and his memory unreliable. He noticed especially that E. could not get at the proper words during conversation, even after an effort to

find them. But if somebody would tell him the words, he could repeat them. His language was "*stuttering*." He could give no distinct account of his physical condition, but seemed to know all about his surroundings. Also, in attempts at writing he left out many words, or wrote them incompletely and incorrectly. His pupils were somewhat unequal; his pulse 120; respiration, 66. Over the left lung, impaired resonance; rales below in both lungs. Pain in the front of his head. Great loss of flesh.

On the 16th of May, E. was returned to the insane asylum, where, after an examination, a clinical diagnosis was made of a tumor, which had its seat in the region of the left fossa sylvia, and which was probably of a gummy nature. The following is the subsequent medical history:

1883, *May* 16.—At noon he is transferred from the medical department to which he had been sent from the penitentiary on account of pain in the head. He seems to be stupefied, gives no answers, and his look is idiotic. He insists on not knowing me and on having never been in the asylum. In the bath (28° R.) he feels chilly after a little while. After an hour he retires without assistance. Kali: brom. 3.0; temperature in the evening, 37.5.

May 17.—Has not slept any during the whole night, but remained quiet in his bed.

Status.—Patient has lost some flesh. His heart sounds are clear. Lungs, on account of the unrest of the patient, cannot be examined well. Abdomen soft. The part to the left of the articulations of the clavicle and the two first ribs with the sternum is somewhat swollen, the skin slightly reddened, and on pressure and percussion painful. Right pupil a little wider than the left. Patellar reflex somewhat enhanced. Reflex of the soles of feet normal. Sensibility of the legs slightly diminished. Urine without albumen.

Patient lies there stupefied, becomes somewhat excited when he is examined and attempts to escape. He answers

with difficulty questions addressed to him; often does not understand the questions and cannot articulate certain words; he makes an effort to say what he means, but after a long exertion, whereby he moves his arms in assistance, he often fails in his attempt. He remembers now that he has been here before and that he had seen the Professor about three weeks previous. He cannot remember, however, from what place he came to us. His memory is defective: he does not know how long he has been in prison, nor exactly when his wife died. Severe pain in the head from the front radiating over the left to the occiput. Towards evening less pain; he remembers the latest events better.

May 18.—Has slept but little. Is still stupefied; can be aroused but little, nor can he find words for his ideas, and in the attempt moves his hands as an assistance. Tongue, when put out, is straight and does not tremble. No symptoms of enervation in the face, except the variation of the pupils. In the morning, severe pain in the head.

May 20.—Patient has an absolute desire for rest; stays always in bed. His answers are very imperfect; often does not comprehend why he cannot answer; confounds questions, and answers on matters that have not been touched upon. What he says is distinct, and in that respect no disturbance of innervation is ascertainable.

May 21.—Still stupefied. He rises at noon and must be assisted in dressing. His walk is slow, difficult and dragging, but not swaying. Both legs move uniformly. After a short time he has to lie down again. Pain in the head is very moderate to-day.

May 22.—Patient is pretty well stupefied; he falls down at noon and his forehead is slightly injured. In bed he remains apathetically quiet, and pays little attention to what is going on around him.

May 23.—Patient can no longer use the stool without assistance; if he is not supported he falls over. He is more

stupid, hardly answers. In the evening, ptosis and weakness of right facial; pupils still varying; at one time the left, at another the right enlarged.

May 25.—His condition grows visibly worse. Patient can no longer be roused; has difficulty in swallowing, and at times chokes. To-day he soils himself. In the evening, paresis of the right arm and right leg; also the principal reflexes are diminished. No kali brom.

May 26.—Continually stupefied; cannot be roused. Temperature rises in the evening. Pulse 90. Patient soils himself; while temperature until now varied between 36.5 and 36.5 and 37.5 C, it rises this evening to 38.5.

May 27.—Yesterday and to-day the patient could hardly swallow anything, coughs a great deal. The mouth is drawn towards the left; while coughing there appear often twitchings of the right side of the face. Temp. 38.7—39.6; pulse 132; respiration more rapid. Nevertheless, the paralisis of respiration is less pronounced than day before yesterday.

May 28.—Pulse in the morning, 120. Patient has passed no urine since last evening, and the catheter is applied in the morning. Urine without albumen, dark. On account of his inability to swallow he is fed by means of œsophageal tube. He is totally unconscious; the paresis of the right extremities continues. At noon the respiration becomes more rapid and more frequent; on the right chest above bronchial breathing, pulse in the evening exceeds 160, and later becomes thready Temp. 38.6; in the evening, 40.1.

Patient dies May 29, in the morning, at 11:15, without any other noteworthy change in his condition than increase of debility. Temperature before death, 38.6.

Weight of body at the reception, 48.5 kg.; before death, 47.5 kg.

Autopsy May 30, 1883, by Prof Roth.

Slender built body. In the soft parts on the convexity of

the skull diffused brownish red extravasation. Predominant over the right occipital bone the periosteum is separated in three places by a coagulated mass of blood, of the extent of a five-franc piece. Skull regular oblong; upper part thin; inner surface rough, especially noticeable in the region of the sin. longitud., and on the left in the region of the tumor sutur. coron. and sagitt. almost entirely obliterated. Roof of the skull difficult to separate..

In the sin. longitud. a good deal of coagulated blood. Dura matter on the outer, and posterior part of the parietal lobe, and over the beginning of the occipital lobe irregularly rough, yellowish, soft, and shows in this region a broad adhesion with the soft membranes extending the space of five franc piece, and is in the posterior half spread over by a pale, reddish extravasation. Pia mater over the left hemisphere, a little darkened in streaks, at the same time rather dry, the veins contain but little blood. Gyri flattened. At the lower surface of the right dura mater vascular dots, the size of hemp seed, spread over a portion the size of a two-franc piece in breadth. Pia mater like the left, only the veins fuller and the gyri less flat. Along the middle line of the left hemisphere numerous pacchionian bodies and numerous adhesions to both hemispheres. Anterior skull cavity quite intact. Pia mater around the chiasma, whitish, hard. In the middle and posterior cavity nothing noticeable; in the sinus coagulated blood. Arteries of the base rather narrow. On the basilaris there is a white nodule of the size of a pinhead. Otherwise, the arteries well conserved.

In the region of the adhesions of the left, the brain is a little more convex, and feels rough, and along the veins of the neighboring region it is of a dirty white color. The left hemisphere protrudes somewhat to the right over the meridian line.

The right lateral ventricle is somewhat enlarged. The

cornu is partly obliterated, partly adhering to the corp. striat.; ependyma whitish. Right hemisphere of doughy consistence, considerably congested; numerous blood spots.

Left posterior cornu open to the point and somewhat enlarged. The whole left ventricle somewhat enlarged. The anterior cornu partly obliterated. Region of the thalam. and nucl. caudat., a little more convex than the right one. At the incision the posterior region of the inner capsule and from there on to the front under the nucl. lentif, and also the white matter towards the island is soft, shining, gelatinous, a little discolored; the nucleus feels also somewhat softened. From thence the gelatinous softening stretches to the left back and downwards to the base of the occipital lobe, altogether of the size a little larger than a goose-egg. The first left temporal convolution is the length of five-sixth Cm, swollen, gelatinous, transparent, soft, a little yellowish. In the posterior portion joining this softening is found in the first temporal convolution a strong, hard portion of the size of a walnut, which, on incision, shows to possess an irregularly pointed, quite homogenous, dry centre, of the size a little larger than a hazelnut, interspersed with fine vessels.

The neighboring grey and white substance appears yellowish red, interspersed with fine vessels, and of an almost sulzige consistence.

This substance passes through upwards as far as the callous and thickened *dura mater* of that portion. A similar tumor of the size of a pea, with the like surroundings, is found in the same convolution somewhat more to the front. Sections of the optic *thalmi* and *corpora striata* were moist, consistency soft.

Right normal conditions. Middle ventricle slightly dilated.

In the cerebellum nothing remarkable; the gray substance rather red; consistency good. Nor did the *pores* and the *medulla oblongata* show anything remarkable.

The left frontal lobe does not participate in the softening, which exists in the outer capsule exclusively. In separating the *pia mater* from the lateral surroundings of the left island, small retractions, at most the size of hemp-seed and star-shaped, are found, as well on the convolution of the island as on the foremost circumference of the first temporal convolution. In the remoter surroundings, the *pia mater* can be easily separated. The penis is atrohic; no cicatrices visible. Testicles small and flaccid.

Paniculus well developed. In the first left intercostal space, very near the *manubrium* of the sternum, is lodged n the muscles a pale and very yellow, tough, flat nodule, about the size of a two franc piece, which, on section, is almost entirely dry, with a cavity the size of hemp-seed and some hemorrhagic streaks. Muscles dry, brown-red. Diaphragm on the left side behind the fifth rib, on the right side in the fourth intercostal space. The cartilage of the first rib on the left side ossified.

Lungs slightly retracted; the left one adherent in several places to the lower part of the diaphragm; no fluid in the plural sack. The right one almost entirely adherent; no fluid. Both lungs also grown fast to the pericardium. In the pericardium few drops of clear fluid. In the heart loose coagulated blood and yellowish lardy masses.

The muscular tissue a dirty grey-brown. Left ventricle somewhat enlarged; the papillary muscles somewhat lengthened, very flaccid, brownish; only on the border of the opening of the aorta, fine thread-shaped excrescences.

Left lung pale in front. Upper lobe containing air, below somewhat œdematous. Lower lobe pretty large, containing but little air; dark-red; gives off muddy fluid on pressure.

Abundant pus in the large bronchi.

Right lung—Upper lobe containing air; dry mucus only in the smaller bronchi. Middle lobe for the most part con-

taining air. In front below, a place about the size of a hazel nut infiltrated, grey-red, giving off on pressure purulent fluid. Lower lobe similar, containing little air. Much pus in the large bronchi.

On the soft palate tenacious mucus. Mucus membrane entirely pale. Left tonsil diminished by scars; on section, callous. Follicles of the root of the tongue well preserved. Right tonsil similar to the left, ufll of whitish callous. On the posterior wall of the pharynx some red spots, no scars. Mucous membrane of the œsophagus pale. Arch of the a orta dotted with discrete is olated, semi-cartilaginous points and small fatty spots. Thyroid gland small, brownish, somewhat gelatinous, and containing on the right side a hemorrhagic nodule the size of a cherry pit. Spleen enlarged, capsule wrinkled, tough, on section brown-red. Left suprarenal capsule well preserved, cortical substance fatty. Left kidney—Thick, fatty envelope; *albuginea* rather difficult to remove; but the surface of the kidney almost wholly smooth, grey-reddish, and showing a cheesy nodule, size of a large pin-head, as also a cyst of the size of hempseed; also a second similar nodule near the surface. Section of both substances uniformly grey-reddish. Pelvis of the kidney pale. Vermiform process thin, obliterated. Right suprarenal capsule like the left. Surface of the right kidney like the left, only without nodule or cyst.

Right testicle pale; epididymis small, atrophic; similarly the left; in the head of the epididymis a cyst the size of a pea. In the bladder few drops of brownish, somewhat flaky urine; mucous membrane pale. Prostate gland but slightly enlarged, tough, whitish; also the posterior lobe about the size of a pea. In the rectum a small quantity of crummy fæces; mucous membrane greenish. Stomach contracted, containing only in the fundus greenish fluid; mucous membrane of a green color. In the large curvature and the pyloric portion, coffeeground-like streaks beneath lay-

ers of mucous. Liver, right side, adhering by a few threads to the diaphragm, of ordinary size. In the gall-bladder, dark, viscid bile. Capsule transparent, only with a few whitish streaks in the right lobe, and a few spots the size of a hemp-seed, which are not continued deep into the substance. Section of the liver uniform, red-brown; *acini* somewhat small; no scars; usual consistency. Left inguinal glands small, smooth, at most the size of a bean, pale reddish-grey, tough. On the right is found a fatty tumor of the size of a hazel-nut, on the outer circumference of the inguinal canal. Glands size of a pea, pale, reddish-grey, tough. Retro-peritoneal glands of the size of hemp-seed, at most, slaty in color. The lower part of the ileum contains greenish pap. In the ascending colon crummy fæces. Mucous membrane of the ascending colon slate-colored, that of the ileum pale. Peyer's patches very small, of a somewhat slaty tint.

Anatomical Diagnosis.

Cheesy tumors (gummy) of the brain, of the *pectoralis major* and of the left kidney. Extensive softening of the left hemisphere in the neighborhood of the tumor. Internal hemorrhagic pacchymeningitis. Induration of the inguinal glands. Bronchitis. Double broncho-pneumonia. Extravasation on the surface of the skull. The microscopical examination showed small-celled infiltration on the border of the tumors of the brain; the yellow parts show granulated cells and *detritus*. Similar is the nodule of the pectoralis major, and a small tumor of the left kidney. According to this, the syphilitic nature of the extraneous growths is evident.

6. Epicrisis.

I will consider first the case in its clinical relations. It concerns a patient who at the age of 20-24 years, acquired at Naples a syphilitic affection, and claims besides to have

had inflammation of the brain from sunstroke. He presents no evidence of hereditary disease. In his later years he drank for a time very much, and, as a fireman, had to expose himself considerably to the influence of radiant heat. At the age of from 30 to 40 he suffered from violent periodical headaches, accompanied by active congestion of the head; from his forty-fourth year onwards these pains grew worse, in that they first occurred more frequently and lasted longer, and then were much more violent. After his forty-eighth year these headaches became incessant, only in a stronger or less degree. In the course of time the patient became, in disposition, more and more sensitive, irritable and violent, so that he finally broke out in extreme fits of anger and brutal violence against his relations. Some time before he was admitted into the hospital he had lost to a remarkable degree in nutrition and strength, and also began to neglect his business somewhat. At the time of his admission there could be noticed physically, besides a changeable inequality of the pupils, only a stronger degree of general motory debility, then a greater frequency of the pulse and irregular sleep. At the same time the patient complained of violent headache, especially in the occiput or in the vertex. Psychologically speaking, there existed an extreme hypochondriacal disorder, attended by a moderate amount of mental weakness and general amnesia. All these appearances presented themselves for a certain time more violently, and then again withdrew almost entirely, so that the process of the disease seemed to be more of a remittent than of a progressive nature. Four weeks before death appearances of aphasia manifested themselves, partly of the character of asphasia of transmission, partly of that of word-deafness and sensorial inertness. Besides there were swellings in the left *pectoralis major*.

Five days before death right hemiplegia occurred, and among the appearances of fever, affection of the lungs set in,

and death followed from general paralysis of the brain.

The autopsy showed two gummata in the first parietal convolution, surrounded by extensive softening centres; one encephalic nidus in the convolutions of the left island, and circumscribed by these regions, a meningo-encephalitis.

Gummata in the left pectoralis, in the left kidney, and broncho-pneumonic centres on both sides.

The case presents itself then as a localized disease of the brain, which naturally explains the long continued violent headache and the final symptoms of word-deafness, aphasia and motory paralysis on the right ride. The meningo-encephalic process accounts for the headache, and the other symptoms were caused by the gummata and the encephalic lesion surrounding them. The hypochondriacal disorders, the weakness of mind and the general motory debility may be traced to disturbances of the circulation and nutrition of the brain cortex, caused by the above named local processes.

That disease of the brain, as later manifested, was not diagnosed on the first examination, hardly requires justification. However certain the general indications of chronic brain trouble were, the individual symptoms leading to the diagnosis of a specially defined disease of the brain were, on the other hand, just as uncertain. The only thing positive to me, was that it was not a case of progressive paralysis. The word-deafness, which presented itself at last, suggests the idea that the total amnesia revealed by the patient at the time of his first examination may possibly also point to a similar pathological occurrence. This supposition, according to the condition of the patient at that time, has not much probability in its favor. The patient certainly gave one the impression that he fully understood the sense of the questions which were put to him, as he, in fact, could answer correctly questions at other times.

If I therefore definitely exclude the existence of word-deafness, the amnesia might, on the contrary, have had some real foundation. We cannot, of course, deduce it from the local lesion of the brain, since this showed neither such a development nor such a growth as to cause corresponding general symptoms of compression of the brain. There is no other disease of the brain that could explain it, nor did such injuries precede as are followed by such general periodical loss of memory as concussion of the brain, strangulations, and such like.

It seems to me that the history of the disease offers neither a clinical nor a pathologico-anatomical explanation for this symptom. I think, then, that I may say now that it was only a simulated amnesia, which remark leads me to the other—the forensic side of the case.

My justification for pronouncing a man, suffering according to my own conviction from disease of the brain, responsible at the time he committed his unlawful acts, lies in the circumstance that the patient at this time exercised his vocation, which required his full mental activity, to the satisfaction of his employers; that in his other conduct he did not make the impression upon any one around him as one weak of mind, and he committed his offences (according to time and circumstances) in an entirely correct manner. I do not think that had the patient at the time of the medical examination really suffered from word-deafness, or from general amnesi, connected with disturbance of consciousness, or from any form of mental disorder, this circumstance would have exerted any revertive influence upon the question of accountability at the time of the offences. That question would even under those circumstances, according to the nature of the case, have been answered affirmatively. Since the patient presented already at this time undoubted symptoms of a developing brain affection, this should, and must, be presented

with all authority on part of the physician, as a ground for mitigation, and in so far the medical opinion should be in behalf of a diminished responsibility. That the patient was condemned to so severe a punishment by the Court, notwithstanding the admission of a diminished capacity of accountability, may find its explanation in the circumstance of his long continued and systematic simulation, which was considered by the judge a matter weighing heavily against the criminal, while the abnormal mental functions present at the time of the sentence, seemed to him to merit no essential consideration. As the report of the autopsy fully established the correctness of the clinical diagnosis, so was that of the physical diagnosis established by the later confession of the condemned. This case has also a certain significance for the doctrine of simulation in mental diseases on the part of accused criminals. As in all other cases of my personal experience, in which the same question was involved, here also we had not to do with a simulator, who mentally was in a fully normal condition. They were always persons subject to epilepsy, hysteria, to alcoholism, to typical heredity, that is, the persons who had recourse to this means were, in general, persons whose mental condition came as near to mental disturbance as to mental health.

In my large forenso-psychical practice, I have not found a single case of simulation of any mental disorder on part of a man in a normal mental condition. I can only, therefore, adhere to the opinion of the greater number of specialists, that such cases of simulation on part of those of sound mind are among the rarest occurrences. The fact that the recognition of simulation is often so very difficult, is also due to the circumstance that there are found mixed up with the unnatural, exaggerated or caricatured picture, which the simulator falsely offers, more or less numerous *true* traits of an abnormal mental life, which may mislead the judgment. To this circumstance is also due the fact that so many cases

of psychico-forensic casuistry in the chapter on simulation of phychosis, which are reported in the literature, carry so little conviction to the reader.

The mingling of true and false appearances of abnormal mental life produces mixed and transition forms between mental health and sickness, which in fact, and properly, assert themselves now under one color, then under another. These are conditions which those of sound mind find more difficult to simulate than the picture of pure, simple phychosis.

These cases, therefore, contain also a great lesson for the judge, showing how careful he must be in such cases, if his udgment is to be just; how little, especially, he is entitled to consider such attempts at simulation as so many aggravating circumstances against the accused. Even if the proposition seems paradoxical, to wit, to represent to the judge cases of simulation in conditions of mental disease among accused persons as possessing, as such, the nature of extenuating circumstances, it is nevertheless true that such a representation finds a certain practical justification in the fact of the almost exclusive frequency with which criminals of unsound mind especially simulate, while this hardly ever ap pens among those of sound mind. There is, in fact, no great danger that the judge be lead astray by the physician in cases of simulating criminals in favor of the accused; for the proposition of old Paul Zacchias might be confidently reversed by saying: "That there is nothing more difficult, and nothing more rare than for those of sound mind to simulate mental disease."

Besides the judicial prejudices in regard to simulation among criminals of unsound mind, the nature of the crime may also have had its influence on the degree of the measure of punishment. Similarly there has also been observed during the last years, in other countries, in the administra- in of justice, a severe prosecution of sexual offences and

crimes, probably chiefly called forth by their supposed or real increase, so that even cases which deserve, according to *medical* experience, unquestionably milder judgment, have to suffer the full penalty of the law. I am convinced that the case before us also naturally belongs to the last category, because such unlawful deeds, committed during the development of mental diseases, doubtless are influenced, in most cases, through psychopathological circumstances. This happens either because morbid sexual irritations occasion corresponding instinctive deeds, or because through the weakening of the moral sense, consequent upon the evolution of the brain trouble, and with it that of moral freedom in the presence of sexual excitements, the necessary power and capacity of resistance are lost.

But precisely this moral debilitation, and, in its extreme degree, moral insanity, if they do not coincide with corresponding intellectual changes, form the province of forensic psychiatry, for which the judge manifests the least intelligence and sympathy, however clear in its scientific foundation and practical relations the subject may be to the physician. There exists, indeed, in general a number of medical facts in natural science, and especially in forensic psychiatry, whose proper comprehension, on account of the want of knowledge of the empirical bases, will always remain foreign to the judge, who, in reference to these facts, will either accept or reject the opinion of the physician. To obviate, in such cases, verdicts inconsistent with the facts, the importance of medical opinions in court would have to be quite different from that which the legislation at present grants them. It would have to be clearly stated that in judging abnormal and diseased conditions of the mind the medical opinion alone should prevail, a view, the unequivocal application of which belongs to the future programme of forensic psychiatry, and which, on account of its many relations, can here only be indicated.

QUESTIONS RELATING TO STILL-BIRTHS.

By Henry Dwight Chapin, A. M., M. D.,

Lecturer on Diseases of Children, at the New York Post-Graduate Medical School and Hospital. Attending Physician to the Out-Door Department of Bellevue Hospital.

It is sometimes observed that advancing civilization is particularly hard on women. While the exact truth of this statement can only be verified by an extensive and exhaustive study of statistics, the rapid growth of gynæcology, together with the increased difficulty and danger so frequently attending the delivery of children, certainly seem to point towards a tendency to physical degeneracy in women. There appears to be little doubt, likewise, that the number of still-births is somewhat on the increase, although it is very difficult to get accurate and reliable statistics to prove it. The object of this paper is to bring out a few suggestive points of interest in regard to still-births, particularly in reference to causes, statistics and the peculiarities of the law in connection with still-births and live-births.

It is written with the idea of instituting a discussion, as individual, unwritten experience is largely valuable in forming collective knowledge on a subject of this kind. Whether the Malthusian doctrine in the abstract commends itself or not, it certainly is desirable to save all fœtal life that has begun. Not only has the unborn child legal and moral rights, but the mother is likewise better for giving birth to a healthy, living child. There is no doubt of the fact of a

(Read before Medico-Legal Society Nov. 18th, 1885.)

tinuity in the life of the fœtus from conception to delivery at full term, a physiological difference exists between a viable and non-viable child. In the former case not only have the viscera a more perfect development, but the hold upon uterine life is much stronger. A majority of the cases in which the fœtus is passed earlier than full term happen before the period of viability. A miscarriage, by which is meant the expulsion of an ovum, or non-viable child, is a much more frequent accident than premature labor. According to Beck, the ancients believed that the vital principle was not infused into the fœtus until some time after conception had taken place. Thus Galen considered animation to take place on the fortieth day after conception, at the same time that he supposed the fœtus to become organized. We now know that the embryo possesses inherent vitality from the very beginning of conception, but it is not until after viability that this life can exist in any way independent of the intra-uterine environment. Works on obstetrics generally state that a fœtus is viable at about the end of the seventh month, or at the completion of the twenty-eighth week of pregnancy. Thus, although a six months' fœtus may breathe feebly after birth, it will usually die in the course of a short time.

There are cases on record, however, in which infants have been born viable at an earlier period than is usually conceded by obstetrical authors. Wharton and Stillé cite a number of such cases. In one instance, a living child was born on the one hundred and seventy-ninth day and lived for four months, when it died of an epidemic disease (Lancet, April, 1852). In another case, Dr. Barker, of Dumfries, reported a child born on the one hundred and fifty-eighth day of gestation; it weighed one pound, and measured eleven inches. Three and a half years afterwards it was still living, and weighed twenty-nine and a half pounds (Med. Times, Sept. and Oct., 1850). The authors mention another

tremendous loss of fœtal life, and that frequently of a quality undesirable to be wasted. As a high state of civilization appears to exhaust women physically, in order to advance them mentally, it is not strange that the more cultured women, who have the means and leisure to correctly train children, are just the ones who cannot or will not have them. The poorer classes, however, crowded in tenement houses, and unable from their unfortunate environment to bring up children in a healthy condition, either morally or physically, are inordinately prolific. It is a point of great social interest and importance, although beyond the limits of this paper, to consider the immense destruction of fœtal life that is continually going on from natural and criminal abortion, as well as the loss from still-births. In a rapidly growing country like our own, continually reinforced by swarms of immigrants, this question does not assume the immediate importance that attaches to it in some of the older countries of Europe. It is said that in France the Government is becoming seriously alarmed over the decrease in native births, and has offered inducements in the shape of a prize for the seventh child. A still-birth may be defined as the delivery of a dead child in premature labor or at full term. Death may have taken place before, or in consequence of some delay or accident during delivery. Premature labor refers to that occurring after viability and before full term. The following concise definition of viability is found in Abbott's Law Dictionary: "An infant newly born is said to be viable, if the organs are in such a state of regular conformation and development as to render the infant capable of living. But if an infant, newly born, be affected with such a disease or malformation as to render a continuance of life impossible, the infant is said to be non-viable, and, according to some systems of law, is, so far as regards the transmission of right to legal representatives, as if he had never been born." Although there is direct con-

	STILL-BIRTHS.	LIVE-BIRTHS.		STILL BIRTHS.	LIVE-BIRTHS.
1870	2,254	14,524	1879	2,191	25,572
1871	2,276	20,821	1880	2,362	27,536
1872	2,322	22,068	1881	2,462	26,130
1873	2,312	22,683	1882	2,658	27,321
1874	2 227	25,747	1883	2,697	28,977
1875	2,274	23,813	1884	2,908	30,523
1876	2,290	23,744			
1877	2,164	25,569		35,639	370,757
1878	2,192	25,729			

According to this table, the proportion of still-births, including the miscarriages that have been reported, is to the live births as 1 to 10.44. This shows an enormously high percentage of still-births. An objection may be raised to the reliability of these figures, inasmuch as the returns of live-births are unfortunately defective, owing to the carelessness of physicians and midwives. Death returns are extremely accurate, as burial permits have to be procured, but in the absence of such a necessity, birth reports are often allowed to lapse. Physicians should recognize the importance of reporting each case and thus correct this source of error. Still, I doubt if the figures would be very much out of the way if they were taken to represent the total loss of fœtal life at all periods of utero-gestation, in proportion to all the-live births. The immense number of miscarriages that are concealed would more than off set the live-births not reported. The following is the month of utero-gestation in which the 35,639 cased occurred:

1	2	3	4	5	6	7	8	9	10	NOT STATED.
13	76	497	1,132	2,023	4,052	4,877	5,314	16,902	174	581

in other places. A number of causes may be considered as

It is seen by glancing at this table that a large number of still-births are reported, but comparatively few miscarriages. It is not to be supposed from this that still-births are more frequent than miscarriages. The natural explanation given by the Board of Health is that in the latter cases the fœtus is so small that it can be easily destroyed and disposed of, particularly in cases of criminal abortion and illegitimate parentage. On the contrary, it is much more difficult and risky to get rid of a large and well-developed fœtus without a regular still-birth certificate and burial permit.

There is not the slightest doubt that fœticide is vastly more common in the early than in the later period of utero-gestation. It will never be possible to secure statistics approaching to accuracy on this subject. By adding the number of still-births in the above table, from the seventh to the tenth month inclusive, and comparing them with the whole number of live births, it is found that in this city, for the past fifteen years, the number of still-births is to the number of live births reported, in the proportion of 1 to 13.59. Out of 8,000,000 births quoted by Tidy from the British and Foreign Medical Review, it would appear that from one in eighteen to one in twenty are still-born. Dr Sozinsky, in the Medical and Surgical Reporter, April 4, gives a table from Quetelet, having the proportion of still-births in six cities, including London and Paris. Stockholm had the smallest proportion of still-births (1 in 36), while Strasburg had the largest (1 in 11). As regards sex, it is the general experience that a larger percentage of males than females are born dead. Of the 35,639 cases, 20,035 were males, 15,298 were females, and in 306 the sex was no stated. The proportion of males to females is there as 1.30 is to one, the former being thus not quite one-third in excess, including the comparatively small number of miscarriages reported. This is about the proportion found

operative in the production of this inequality, such as the fact that there are more births of males than females, and that male infants are often of larger size than females, which increases the time and difficulty of labor. With reference to the period of the year that still-births occur with the greatest frequency, Dr. Sozinsky has published some interesting statistics, based upon the average number of cases occurring in Philadelphia for each month during a period of ten years. According to his figures, May is the month that has the largest number of still-births in proportion to the whole number of births, while in September the still-births are fewer than in any other month, although its whole number of births are larger than in many other months. After September, in which the infant has the best chance of not being still-born, August comes next and July next in regard to exemption from this accident. From these figures it appears to the author that the fœtus passing most warm months towards the close of uterine life in its mother's womb, stands the best chance of getting out safely. He also thinks that the increasing laxity of fibre produced in the pregnant woman by the heat of summer may prove an aid; also that there may be a difference in the size of the child. The factors that contribute to the production of still-births merit a careful attention. Works on obstetrics do not give sufficient consideration to this important subject.

The following are some of the principal causes assigned by the Board of Health, selected and arranged according to their numerical frequency, from reports as far as they have been received: "Difficult or protracted labor; accidents, (such as falls, frights, etc.); sickness of mother, (euræmia, convulsions, remittent fever, phthisis, malarious diseases, liver diseases, anæmia, asthenia, etc.); funis disarrangements (compression on cord and around the neck, etc.); placental diseases (fatty degeneration, detached placenta, etc.); asphyxia, hemorrhage (flooding); malfor-

mation of child, (hydrocephalus, spina bifida, etc.); uterine diseases (cancer, metritis, inertia, etc.); atelectasis, constitutional disease of parents (syphilis, scrofula, etc)." Not a few of the above causes can be avoided by skillful watching and care. A large proportion of the still-births occurring in this city take place in tenement houses in the practice of ignorant midwives. Such accidents occur not only from a lack of proper anatomical and physiological knowledge on their part, but from the too general employment of the ergot of rye to hasten labor. This powerful drug should never be employed in any but careful and experienced hands. It is well known that it produces a tetanic contraction of the uterus, entirely unlike the normal rhythmical action of that organ during parturition. As a result, the infant is soon killed by the constant and unnatural pressure to which it is subjected. Every old woman who goes out to attend a confinement is supplied with her bottle of ergot, which she is not afraid to use. Indeed, some midwives enjoy quite a reputation in tenement-house circles as possessing medicines that will hasten the pains and get a woman out of her suffering quickly, although it may be at the expense of a badly torn perineum and a still-born child. Some years ago, I was called to see a woman in labor on the west side. The head was coming down on the perineum, and the pains, although progressing rather slowly, were still fairly effectual in gradually and safely producing extension. The woman, however, soon lost all patience and complained bitterly that I was doing nothing to hasten her labor; she said she knew of a midwife in the neighborhood that had medicine to quickly terminate the pains. As her friends sympathized with her feelings, the midwife was sent for and I retired after refusing to interfere at that stage of the labor. Some time afterward, I learned that the woman had died a few days after the confinement, doubtless from a badly detached placenta, and a torn vulva and vagina. What became of the child I

never heard. In this case, there is no reasonable doubt that, with ordinary care and skill, the labor would have terminated safely and satisfactorily, but the uterus was probably overstimulated by repeated doses of ergot.

I cite this question as a fair example, and doubtless most practising physicians have had a like experience. The midwife question is a very important one in some of the poorer and densely populated districts of this city. A very large number women are solely dependent upon these persons for help during confinement. It seems only right, therefore, that the practice of midwives should be regulated in some way. A legal sanction or license should be required, and attendance in confinement without such authority be made a punishable offense. I do not think this important question is much helped by institutions intended to give midwives a smattering of obstetrics. No rigid examination need be required, as a large proportion of labors progress safely and require no great skill on the part of theattendant ; if midwives can simply be taught routine treatment, and be able to recognize malpositions, and like emergencies, in time to send for help, the poorer women of the community will be much benefited and the number of still-births lessened. In this city the still-births among foreign-born parents, who depend largely upon midwives, is more than double the number occuring among native-born people. The most satisfactory way of regulating the subject of midwives is a fair subject of discussion in this society, and a proper solution of the question will not only lessen the number of still-births, but prevent much malpractice.

The law in relation to still-births and live-births is a subject for consideration. According to Tidy, the law has not defined live-births except by the decision of the judges. He gives the legal definition to be the manifestation of some certain sign or signs of life by the child after it is completely born. This does not imply that the placenta

and cord shall have been delivered, but the child itself must be completely external of the mother. The following evidences of life immediately after birth are given: Muscular twitchings, respiration, crying, pulsation in cord and beating of the heart. A case is cited in which mere muscular twitching, independently of breathing and other vital phenomena, was decided in the affirmative to constitute a sign of life in a case of disputed still-birth. There should be more of a correlation between law and physiology in this matter. According to the law, as stated above, an immature fœtus of five months, in no sense viaible, may, by a few muscular twitchings immediately after birth, show an ephemeral spark of life, but according to legal tests, approved by decisions of judges, be considered a live-birth. Supposing, on the other hand, a child at full term, whose head and shoulders have been born, cries lustily and shows other undoubted signs of vigorous life, yet, if by accident or design, death takes place before the feet have left the vulval ring, it is legally not a live-birth but a still-birth, with all the consequences that the latter may entail. It is obvious that there must be some legal distinction between still-births and live-births. Much legal as well as physiological confusion would be prevented if some factor allowing of individual life, independent of the mother, should be taken as a test of live-birth. The immediate environment, whether it be the vagina of the mother or the lap of an old woman, may be considered non-essential so long as the infant has been sufficiently extruded to begin the physiological processes that will allow of a separate and independent life. Respiration, which results in an independent oxygenation of the tissues of the child, should be the only legal test of live-birth, as without this function being performed, existence apart from the mother is impossible. Beating of the heart alone should not be considered a test of live-birth, as this takes place "in utero" and soon

stops after birth when the circulation through the umbilical cord is checked. Leishman states that the lungs enter upon their function immediately upon the birth of the child, and when anything occurs to prevent the speedy occurrence of the respiratory act, the child is still-born. When the seat of respiration changes from the placenta to the lungs, independent life begins. After birth, if the heart beats but the child does not breathe, it is still depending upon that intra-uterine lung, the placenta, for oxygenization, and hence is living under the same conditions as before leaving the womb. The child is alive, but in the same sense as it was alive before birth, and if death takes place without respiration, it should be considered still-born. It is stated in Beck's Medical Jurisprudence, that when a child is born alive, but has not yet respired, its condition is precisely like that of the fœtus "in utero." It lives merely because the fœtal circulation is still going on, as none of the other organs undergo any change. The lungs remain as they are in the fœtus, and the organs circulating the blood are in the same state. In Germany, (Wharton and Stille) a distinct vocal sound is required by law as the evidence of life. This appears, however, to be modified in practice by the substitution of breathing for vocal sound, and the doctrine is accepted that respiration and life are reciprocally evidences of one another. The Scottish law (Abercrombie) requires that a child must have cried after its entire birth before it is considered to have been born alive. A few apparently authentic cases are on record in which slight respiration has taken place before birth, with the head at the superior strait or in the vagina. It may fairly be considered doubtful whether the feeble sounds heard in a few cases have really been produced by the fœtus, but still, to avoid legal complication, respiration after the child has *begun* to be born should be considered the test of live-birth. As the law now stands, a

child may breathe freely when it is two-thirds delivered, and yet not be accounted born until fully expelled from the mother. The disputes in relations to still-births and live-births have arisen principally in connection with infanticide, and the law known as tenancy by curtesy. By the latter it is understood that when a married woman dies without children her property passes to her heirs-at-law, unless she shall have given birth to a living child during her married life; in which case her husband becomes a tenant by curtesy for life of her estate. Washburn on Real Property (Vol. I.) states that in most of the States where curtesy is allowed, great strictness is required in the proof that the child was actually born alive in the life-time of the mother. In the case of Marsellis vs. Thalhimer (Paige's Chancery Reports, Vol. II.), it is stated that the party who claims property through the child is bound to establish the fact that it was born alive; and if the child never breathed there is no legal presumption in favor of the fact. The peculiarities of the law in regard to live-births are most markedly seen in connection with infanticide. To convict of this crime it is necessary to show that the infant was killed after birth of the whole body, even if it breathed and cried before complete extrusion. Tidy well states that to require the body of a child to be entirely external to the body of the mother before being considered legally born is a physiological absurdity, and a direct encouragement to child-murder. He cites an instance in which there was actually drawn a distinction between physiological life and legal life (Erle, E. J. R. v. Christopher, Dorset Lent Assizes, 1845). As as result of this distinction, a man who had cut off the head of a child while it was being born was acquitted of infanticide. Again, if a child that has been born but does not breathe, exhibits a slight beating of the heart, and is then destroyed, the perpetrator is guilty of child-murder, although continued existence may have been impossible.

Wharton and Stille state that while it is not enough for the child to have breathed, unless the whole body was brought into the world, and while more than one learned judge has expressly ruled there must be an entirely independent circulation; on the other hand, fifteen judges have united in holding that, to constitute such an independent existence, so as to constitute murder, it is not necessary that the child should have breathed, nor that the umbilical cord should be severed. It would save possible injustice, as well as confusion, if, in the distinction between still-birth and live-birth, respiration be adjudged to be legally the essential condition of life.

THE BEST BASIS FOR INTERNATIONAL STATISTICS REGARDING THE INSANE.

Read before the Congress of the Societe de Medicine Mentale de Belgique held at Antwerp September 7, 9 and 10, 1885.

By Prof. Dr. Lefebvre, Titulary Member of the Society of Mental Medicine of Belgium; Professor of the University of Louvain, Belgium; Titulary Member of the Belgian Royal Academy of Medicine.

When we analyze the conditions which govern the inception and difiusion of mental diseases in a country, we readily discern, aside from individual causes, influences of a more general character. The intellectual culture, the religion, the customs, the political regime, the social status, the development of riches and luxury, poverty and its afflictions; all these varied conditions are the constituent elements of the civilization of a people which intervene to a certain extent in the etiology of insanity, whether as factors or as preventative agents of these maladies. Carefully compiled international statistics, would furnish valuable material in elucidating the problem of the relation, insanity bears to civilization. The Society de Medicine Mentale of Belgium has deemed it expedient to lay this subject before the assemblage appointed to meet at Antwerp, and composed of so many men devoted to the study of mental diseases.

We do not underestimate the difficulties of the enterprise; one presents itself at the outset, which at first sight appears insurmountable. To make a table of statistics, that is to say, to draw reliable deductions, units are necessary—well-defined units. It, therefore, appears that a good classification of mental diseases is the preliminary and indispensable condition of reliable statistics. But it is not for those con-

(Read before the Medico-Legal Society of New York, Dec. 16th, 1885.)

versant with the science of pyschiatry to learn that on this point we are still in the chaotic period.

It would not be difficult to cite a score of classifications, signed by illustrious names. Notwithstanding their authority, none of these authors of classification have been able to obtain an acceptance of their work; I do not say by the entire medical world, but even by alienists of their own country. Let us hastily mention a few examples:

England offers us the classifications of Maudesly, Bucknill and the British Medico-Psychological Association; Germany, those of Arnold, Griesinger, Krieser, Kraft-Ebing and Krapelen; France, those of Baillarger, Marcé, Voisin, Morel, Dagonet, Ball, and those of the Congress of the Medical Sciences; Belgium, those of Guislain, Desmeth and Lentz.

When we consider that all these efforts have long been thought over, expounded in the chairs of the schools, criticised by the press, defended in the sessions of learned societies, we can readily understand why the "Société de Medicine Mentale" does not presume to propose or press the adoption of a classification upon an assembly that could accord the subject but a few hours' consideration.

Is it to be said, then, that for want of an acceptable classification it is impossible to establish a suitable basis for a table of international statistics?

Let us look into the question. Every classification—and not to wander from our subject—a classification of mental diseases comprises two distinct operations:

First, it is necessary to define the various morbid types, and impose appropriate names; this is definition and nomenclature; then to group these types in reference to their affinities; this is classification, properly so-called. It is impossible, in the present state of the science, to exactly define all the morbid types in the domain of mental diseases, much more so is it possible to methodically group the

pathological forms that have not as yet been clearly determined.

It appears to us, without attempting a complete classification, that a certain number of morbid types should be selected under which should be grouped the various subdivisions necessary to form a perfect table.

What should be the rule that should govern this selection? In our opinion their number should be limited. Nevertheless, it should be sufficiently large to embrace all varieties of mental diseases; that is, it should embrace those already generally accepted by the alienists of all countries.

But when we carefully examine the most esteemed authorities, particularly those previously mentioned, we are forced to resort to seven or eight types, generally accepted of universal nomenclature, and regarded as well-defined species.

The general acceptance by the most distinguished alienist of these types and nomenclature, shows, from a clinical point of view, that forms of insanity are thus limited.

This conceded, let us carefully consider what forms are the most important; they should comprise the mental diseases most commonly met in practice, and to these can be appended, as varieties, the other more or less morbid forms occasionally observed. I propose the following as types:

Idiocy.
Crétinism.
Paralytic insanity.
Dementia.
Insanity produced by intoxication.
Mania.
Melancholy.
Recurrent insanity.

Few authors would be disturbed by this classification, and it may be claimed, first, that if we hold ourselves to such a strict classification these various forms naturally divide

themselves into two groups: In the first would be classified idiocy, crétinism, dementia, paralytic insanity and various forms produced by toxic agents. These morbid species reveal definite *anatomo-pathological* conditions, and constitute a distinct class. It might be designated under the title of *Organic Insanity.*

The three other types—mania, melancholy and recurrent insanity—are dependent upon certain lesions; they are characterized by nervous and intellectual disturbances of obscure origin. We might make of them a second class to be designated by the name NERVO-PHYSOCES.

If we seek faithfully to obtain wide-spread and statistical information covering the eight types we desire to see adopted, valuable material would be afforded for the study of pyschiatry and the allied sciences. But in confining the matter to the eight principal types of mental diseases most wide-spread, we should not forget the many forms of mental diseases that clinical observation reveals to us, but see that they are mentioned in some manner and where related under the organic forms. This is our idea in the matter: the statistics of insanity should be condensed in one grand total, concerning idiots, the demented, maniacs, etc., which should show their subdivisions and the various forms of idiocy, dementia and mania; but this grand total should comprise every form and variety of the disease.

Thus, in a given population, there are one hundred idots; in making our analysis this total should embrace forty idiots properly so-called, and sixty imbeciles.

We should pursue the same method as to other forms. Thus, as to *dementia,* we distinguish simple *dementia,* which is the ordinary condition of all incurable forms of insanity; *organic dementia,* where definite injury to the brain exists (tumors, softening, etc.,) and *senile dementia.* Insanity produced by the use of intoxicants should be classified according to the nature of the poisoning agent. Morphine habit,

insanity saturnine, insanity produced by mercurial poisoning, etc., etc.

Mania is a morbid condition, having many distinct manifestations, according to the character of the excitement or its intensity. We distinguish ordinary mania, characterized by excitement or stupidity. Afterwards its degree and duration, and we have violent and chronic mania.

Then the extent of the delirium, whether general or partial mania, or various, and the various forms of monomania.

Moral and intellectual insanity should also be regarded as proper subdivisions to types of monomania.

But our researches should not be limited to a simple enumeration of the insane. Other questions should be covered by statistics.

We mention first, etiology, that important branch of pyschiatry which furnishes, when clearly determined, such valuable remedial agents and preventative methods. A statement of the duration of the disease greatly enhances the value of the purely numerical statements. The termination of the disease, either by cure, or the fact of its incurability, should be noted, with carefully compiled tables, the probable issue of the principal mental diseases should as far as possible be noted.

Finally, the mortality of insane should be stated in comparing duration of the life of the insane with that of the sane.

As a *resumé*, "*The Societe de Medicine Mentale*" proposes to lay before the International Congress at Antwerp its views upon the following questions:

1st. The number of insane in a given district or country, preferably the latter, as France, England, etc. A table of statistics arranged for a single locality, or even for a particular institution, cannot fail to be of utility. We should be glad to obtain a grand total of each of the eight forms indicated, and to classify in subdivisions more or less related to

each of the varieties of the types. It is especially hoped that care will be taken to indicate in the report the ratio of the insane to that of the total population.

2d. The causes of insanity, and, as far as possible, its particular character.

3d. The duration of the disease.

4th. Its termination by cure, or its incurability.

5th. Its mortality.

If the Congress desires to fully enter into the views of the Society of Mental Medicine of Belgium, and give to them a practical result, it should decide whether the basis of statistics should be reserved for a subsequent Congress, or whether they should be recommitted to that Society, which would be happy to take charge of the work of compiling them for the benefit of science.

Transactions of Societies.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

Stated meeting, held October 21, 1885, Columbia College. President Prof. R. O. Doremus in the chair, and in the absence of the Secretaries Arthur C. Butts, Esq., acted as Secretary.

The following gentlemen were, upon the nonination of Mr. Clark Bell and recommendation of the Executive Commitee, elected to membership:

ACTIVE MEMBERS:

John O. Bronson, M. D., New York city.

Herbert H. Walker, Esq., New York city.

CORRESPONDING MEMBERS:

Dr. Jose Uletaris, President of the Medical-Chirurgical Society of Madrid, Spain.

Dr. L. Lewins, Hindersinstrasse, No. 2, Berlin, Germany.

Dr. J. Crighton Browne, 7 Cumberland Terrace, Regents Park, London, N. W.

Dr. Enrique A. Frimont, Ozeluama, Mexico.

Contributions to the library were announced by Vice-President Clark Bell.

The paper of the evening, by Prof. L. Wille, of Basle, Switzerland, entitled "*Simulated or Disturbed Intellect, Insanity,*" &c., translated from the German by Messrs. H. S. Oppenheim, M. D., E. H. M. Sell, M. D., and Morris Ellinger, Esq., of the Committee on Translations was read.

The report of the committee on the death of corresponding members was read by the Chairman, Judge A. C. Butts, and was ordered set out in the minutes.

To the Chairman and members of the Medico-Legal Society:

Your Committee appointed at the Sept. meeting to draft appropriate res

olutions upon the death of certain members of the Society, report as follows :

Notice having been presented of the death of Mr. George L. Harrison, late President of the State Board of Public Charities, of the State of Pennsylvania, and an honored corresponding member of this Society, therefore be it

Resolved—That the Medico-Legal Society hereby records its tribute to the sterling worth of our late distinguished co-laborer and expresses its high admiration for the broad philanthrophy, indefatigable labors, and generous enthusiasm of the deceased in behalf of a more exact knowledge as well as a more just recognition, of the rights of the insane. That this unfortunate class had in him at the bar of public opinion an advocate who nobly earned as his most fitting epitaph, "The champion of tne helpless and the defender of the weak." Be it also

Resolved—That we have learned with regret of the decease of Dr. Reuben B. Brown, also a corresponding member of our Society. By his death the medical profession has lost a most conspicuous member and this Society one who had acquired much learning in forensic medicine.

Resolved—That the resolutions be spread upon the minutes of the Society and printed in its journal.

ARTHUR C. BUTTS,
H. S. OPPENHEIMER, } Committee.
APPLETON MORGAN,

The resolutions submitted were on motion unanimously adopted.

Mr. Clark Bell announced the death of Prof. Lunier, the distinguished French savant, and made the following remarks upon his death :

Mr. President, and gentlemen of the Medico-Legal Society: Since the last meeting we have received the sad intelligence of the death, on September 5th, 1885, of the most distinguished among the alienists of France.

Dr. Lunier was born in 1822, and was taken by his death at the age of sixty-three years, from valuable labors in various departments of science, at the very zenith of his fame. He will be greatly missed in the French capital, but in no field more than in that of mental medicine, in which he occupied a deservedly high and brilliant position.

He had the great advantage of a practical experience of

many years as physician in charge at Salpetriere, which gave him a thorough knowledge of the subject. He was for some time in charge of the private asylum founded by Esquirol, at d'Ivry. He was also medical director of the Asylum of the Insane at Blois.

Thus schooled, it was natural, that he should be called by the Government to the position of Inspector General of the Insane Asylums of France, in 1864, since which time he has occupied a position the most distinguished and prominent among the alienists of his country, with a world-wide reputation.

He took a prominent part in the proposed revision of the lunacy statutes of France, now under discussion, and had been for many pears the leading editor of "Annales Medico-Psychologiques," of Paris, where his loss will be most deeply felt by his confreres, Ach Foville and Baillarger.

At his funeral obsequies, orations were pronounced by M. Vallin, in the name of the French Academy of Medicine; by M. Foville, in the name of the Service of Alienists and the General Association of French Physicians; by Motet, speaking in behalf of the French Temperance Society; by M. Ritti, for the Society Medico-Psychologique of France; by M. Cheysson, ex-President of the French Statistical Society, and by M. Doreau, in behalf of the Anthropologial Society of Paris. A distinguished Frenchman, a leading alienist and teacher in the learning of mental jurisprudence, has gone, and it is but fit that the Medico-Legal Society of New York should lay a tribute on the bier of Lunier, whose untimely death will be felt throughout the scientific world."

The discussion of Dr. Wille's paper was, on motion, postponed till after the same was printed and distributed to members. On motion the Society adjourned.

ARTHUR C. BUTTS,

Secretary pro tem.

MEDICO-LEGAL SOCIETY.

NOVEMBER 18th, 1885.—REGULAR MONTHLY MEETING.

Prof. R. O. Doremus, president, in the chair, and a large attendance. Minutes of October meeting read and approved.

R. C. McEwen M. D., of Saratoga Springs, N. Y., was elected an active member on recommendation of the Executive Committee. The paper of the evening, entitled : "*Questions Relating to Still Births,*" was read by H. D. Chapin, M. D., and was discussed by Charles L. Dana, M.D., vice-President Clark Bell, Esq., E. H. M. Sell, M. D., H. J. Garrigues, M. D., John Lambert, M. D., A. C. Butts, Esq., J. A. Irwin, M. D., Charles Heitzman, M. D., and the president. The debate was closed by Dr. H. D. Chapin, M. D.

President Doremus then reported a case of fatal poisoning by Cocoaine, that had been furnished him by Dr. Thomas, of Topeka, Kansas, on which he made extended remarks, and submitted a digest of reported cases where this drug had produced injurous effects.

Discussion was invited and remarks were made by C. L. Dana, M. D., who reported a case not cited by Prof. Doremus ; William F. Holcombe, M. D., Dr. Charles Heitzman, Dr. Boldt, and the president.

Nominations being in order, Mr. Clark Bell nominated Prof. R. O. Doremus for president for 1885.

President Doremus, expressing thanks for the honor, declined alleging that increasing professional labors with his other duties, forbade his attempting the duties of the office. President Doremus nominated Mr. Clark Bell for the presidency, and paid an eloquent tribute to his services in that chair which nomination was seconded.

Mr. Bell expressed his grateful thanks for the high honor, but declined to accept the presidency for the reason that increasing professional labors prevented the discharge of the duties of the office in addition to the edito-

rial charge of the JOURNAL, which now devolved upon him.

Mr. Bell then nominated Andrew H. Smith, M. D., for president. Dr. Holcome nominated Prof. John M. Carnochan for the same office. Prof. R. O. Doremus nominated for first vice-president, Mr. Clark Bell. Dr. J. A. Irwin nominated Dr. Andrew H. Smith for first vice-president. Mr. Bell nominated for second vice-president Dr. Stephen Smith and Dr. J. J. O'Dea. Mr. McIntyre nominated for second-vice-president Dr. J. A. Irwin

The following nominations were then made:

For Secretary—H. S. Oppenheimre, M. D., J. E. McIntyre, Esq.

For Assistant Secretary—A. C. Butts, Esq.

For Corresponding Secretary—Morris Ellinger, Esq.

For Treasurer—J. A. Irwin, M. D.

For Chemist—Prof. C. A. Doremus.

For Curator and Pathalogist—Dr. E. H. M. Sell.

For Librarian—Dr. Charles F. Stillman.

For Assistant Librarian—Appleton Morgan, Esq.

For Trustees—Roger Foster, Esq., Chas. S. Milne, M. D.

For Permanent Commissioners—Delano C. Calvin, Esq., B. A. Willis, Esq., J. M. Carnochan, M. D.

Dr. Irwin gave notice that he would move an amendment to the constitution, consolidating the offices of secretary and assistant-secretary at a future meeting.

Mr. Clark Bell read letters from Dr. J. Crichton Browne, of London, accepting corresponding membership, and from Dr. W. W. Ireland, corresponding member, relating to lunacy reforms in Great Britain.

On motion of Mr. Bell it was moved that the usual annual banquet be held after the December meeting, and that the president name a committee of arrangements to send notices to the members with usual powers. On motion, the meeting adjourned.

LEICESTER HOLMES,
Secretary.

DISCUSSION ON DR. CHAPIN'S PAPER ON STILL-BIRTHS.

Dr. Charles L. Dana said with regard to the alleged disproportionate increase in still-births, he could hardly agree that the fact was established. In 1822 the statistics for several European districts showed that the per cent. of still-births to the total of births was five. In 1871 in several European countries it was from 3.6 per cent., to 4 per cent., and in 1878 in a number of European cities it was 4.8 per cent. In England in 1859, in the country districts, it was only 5 per cent. In the United States, the ratio in New England in 1876 was 2.6 per cent., in 1883, 2.5 per cent. In twelve cities of the United States from 1878 to 1883, the ratio was 9.6 per cent. These figures did not support the view that, taking the population as a whole, there was any disproportionate increase in still-births, unless it were in certain large cities containing a large element of foreign population.

The speaker thought that the effect of civilization in intellectualizing and emancipating woman had the effect of making her bear fewer children, but not of causing a greater number of still-births.

As to the test for viability proposed by Dr. Chapin, he thought it (*i. e.*, respiration) the best single test, but it was open to the objection that a child might be born and its heart beat for an hour, yet never breathe. Its living was here a question of the use of artificial respiration. It was viable if this means were employed. A person might neglect it, and practically murder the child.

Mr. Clark Bell: It may interest the society and add interest to the pending discussion if we refer to the laws of New York on some of the questions touched upon by the author of the paper under discussion.

The law in this State, prior to the act of 1845, in regard

abortions, was as follows:

2 Rev. Statutes, 661, Part IV, Chap. 1, Title 2, §§ 8, 9.

SECTION 8.—"The wilful killing of an unborn quick child by any injury to the mother of such child, which would be murder if it resulted in the death of such mother, shall be deemed manslaughter in the first degree."

SEC. 9.—"Every person who shall administer to a woman pregnant with a quick child, any medicine, drug or substance whatever, or shall use or employ any instrument or other means, with intent thereby to destroy such child, unless the same shall have been necessary to preserve the life of such mother, or shall have been advised by two physicians to be necessary for such purpose, shall, in case the death of such child or of such mother be thereby produced, be deemed guilty of manslaughter in the second degree."

This last section (9) was repealed by the laws of 1845, p. 285, Chap. 260, as amended by law of 1846, p. 19, Chap. 22. The act of 1845 was as follows:

AN ACT to punish the procurement of abortion and for other purposes. Passed May 13, 1845. Chapter 260, p. 285.

SEC. 1 repealed by Chapter 32, of 1846.

SEC. 2. Every person who shall administer to any pregnant woman, or prescribe for any such woman, or advise or procure any such woman to take any medicine, drug or substance or thing whatever, or shall use or employ any instrument or other means whatever, with intent thereby to procure the miscarriage of any such woman, shall upon conviction be punished by imprisonment in a county jail not less than three months, nor more than one year.

SEC. 3. Every woman who shall solicit of any person any medicine, drug or substance or thing whatever, and shall take the same or shall submit to any operation or other means whatever, with intent thereby to procure a miscarriage, shall be deemed guilty of a misdemeanor, and shall upon conviction be punished by imprisonment in the county jail not less than three months, nor more than one year, or by a fine not exceeding one thousand dollars, or by both such fine and imprisonment.

SEC. 4. Any woman who shall endeavor privately, either by herself or the procurement of others, to conceal the death of any issue of her body, which if born alive would by law be a bastard, whether it was born dead or alive, whether it was murdered or not, shall be deemed guilty of a misdemeanor, and shall, on conviction thereof, be punished by imprisonment in a county jail not exceeding one year.

SEC. 5. Any woman who shall be convicted a second time of the offence specified in the fourth section of this Act, shall be imprisoned in a State prison for a term not less than two years or more than five years.

SEC. 6. Section nine, article first, title second of chapter one, of the fourth part of the revised statutes, and section twenty-one, title six, chapter one of the fourth part of the revised statutes are hereby repealed.*

The Act of March 4, 1846, chap. 22, p. 19, was as follows:

AN ACT to amend the Act to punish the procurement of abortion and other purposes, passed May 13th, 1845. Passed March 4, 1846.

SEC. 1. Every person who shall administer to any woman pregnant with a quick child, or prescribe for any such woman, or advise or procure any such woman to take any medicine, drug or substance whatever, or shall use or employ any instrument or other means, with intent thereby to destroy such child, unless the same shall have been necessary to preserve the life of such mother, shall in case the death of such child or of such mother be thereby produced, be deemed guilty of manslaughter in the second degree.

Section 2 repeals Sec. 1 of chapter 260, of 1845.

SEC. 3. This Act shall take effect immediately.

The provisions of the Penal Code regarding abortions are as follows:

SEC. 190. *Killing of an Unborn Quick Child.*—The wilful killing of an unborn quick child by any injury committed upon the person of the mother of such child is manslaughter in the first degree.

SEC. 191. *By Administering Drugs, etc.*—A person who provides, supplies or administers to a woman, whether pregnant or not, or who prescribes for, or advises or procures a woman to take any medicine, drug or substance, or who uses or employs or causes to be used or employed any instrument or other means with intent thereby to procure the miscarriage of a woman, unless the same is necessary to preserve her life, in case the death of a woman or of any quick child of which she is pregnant is thereby produced, is manslaughter in the first degree.

SEC. 194. *Women Taking Drugs, etc.*—A woman, quick with child, who takes or uses, or submits to the use of any drug, medicine or substance, or any instrument or other means with intent to produce her own miscarriage, unless the same is necessary to preserve her own life, or that of the child whereof she is pregnant, if the death of such child is thereby produced, is guilty of manslaughter in the second degree.

There seems to have been a difference between medical men and the legal view, particularly on the part of the framers of the statutes, in regard to the terms "miscarriage" and "abortion," which occur in the Acts.

I think the medical view may be safely stated as follows: Miscarriage is defined by Quain to be "the interruption

* NOTE.—This section repealed Sec. 9 of our law as given above.

of gestation before the fœtus has become viable."

The same author defines an abortion as "the expulsion of the pregnant uterus before the seventh month of the gestation.

The terms are sometimes incorrectly used synonymously.

Dr. Whitehead is reported to have stated that out of sixty-four women who had lived in wedlock till the Menopause, there were only eight who had not at some time had a miscarriage.—Quain (Miscarriage.)

The law prior to 1845 was addressed to the offense of destroying an unborn *quick* fœtus. The amendments change the phraseology entirely, and substituted the word "miscarriage" without defining that the child shall be "*quick*." Indeed, the whole scope of the statue is clear that it would cover a case before "quickening," and would apply to any pregnant woman in early stages of pregnancy.

The wilful killing of a *quick* unborn child is declared to be manslaughter in the first degree.

Infanticide is not a defined statutory offense.

The crime is covered by the statute regarding murder and manslaughter. The sections of the Penal Code upon these subjects are as follows:

Of Murder, §§ 183, 184, Penal Code.

Of Manslaughter, §§ 190, 191, 194. (Given above).

The distinction regarding the birth of a living child, is frequently of the greatest importance, and determines in many cases the title to great estates.

Tenancy by the Curtsey is governed by well-settled principles of law, both in England and in this country, and is as well defined by a long and unbroken line of decisions as if fixed by statutory enactment.

The child must be *born alive*. It must be entirely delivered from the body of the mother. It must be alive after it is so born.

It should be a separate, independent, living being, capable as such of taking by inheritance.

The highest evidence of life after complete birth is *crying aloud*. I recall no case where proof of this has not conclusively established that question.

Respiration simply, as I understand the author of the paper to favor, would hardly be a reliable or safe test.

The difficulty of proving respiration in such cases is sometimes very great. Crying aloud, however, settles all that. Dr. Charles Heitzman could doubtless tell by microscopic examination of the lungs post mortem, if respiration had occurred.

A deaf mute child could be born alive, and not articulate a cry, perhaps, still be clearly alive. The question of life has to be determined like any other fact—from the circumstances of each case.

In the case cited by Dr. Chapin, of the beheading of the child before or during delivery, I fail to see the force of the criticism. There may be little difference in the atrocity of the act, or its moral turpitude, before or during delivery, but the law would define the act, after birth, as one offense, and before birth or during delivery, as another, and the English Judge decided correctly.

I have little doubt that Dr. Chapin is corect in regard to the unreliability of the statistics of still-births in this city.

I trust it will give rise to a comparative study and inquiry with other cities and other countries. *Le Progres Medical* gives weekly announcements of the mortality and births of the City of Paris. I believe these to be substantially correct; and it would be interesting to take the statistics of still-births in Paris as a comparative circumstance in determining what reliance could be given to the tables furnished by Dr. Nagle.

The questions presented by the paper are valuable, and invite discussion, which I trust will extend beyond this society.

Dr. E. H. M. Sell spoke of the great care which physicians should exercise in distinguishing really, from only apparantly still-born children, as there were many of the latter cases. He illustrated this point by citing two cases in practice; one, a case where he had been called in consultation, the physician in charge declared the infant, (after having delivered it very unskilfully with the forceps) still-born, and placed it on the coal in a scuttle. Dr. Sell having seen how unskillfully his friend had used the forceps, pulling upon them with his whole force as though he wished to draw the child through the mother's symphysis pubis, re-established respiration by the use of hot and cold water and artificial respiration, and the child lived one year, when it died of membranous croup. The other case related was one in Dr. Sell's own practice. It was that of a breech-presentation in a primipara, where the child was apparently still-born, no heart sounds being perceptible on the most careful examination; yet, after faithfully working with and over the child one hour and a half, the doctor presented a live child to the mother, to die later of an intercurrent disease.

Dr. Sell next spoke of another frightful source of still-births in this country, viz.: those caused by the neglect of ignorant midwives. After stating how the midwives of Austria were systematically taught in the general hospital at Vienna, being admitted only after a preliminary examination, and how they were then by law required either to call an experienced obstetrician to every obstetrical case proceeding abnormally, or to send all such cases to the hospital, the doctor remarked, that in this country, where the mass of midwives received no, or at best very little, training, they frequently undertook the most dangerous cases, and called in aid only when it was too late. In illustration, Dr. Sell related how he had been called in consultation by a

physician to see a patient to whom he had been called by a midwife. He found a Bohemian woman, through whose vulva an infant's arm was protruding, at which the midwife had been pulling with her might, until the child was dead and the mother exhausted. The midwife had not recognized in time the faulty presentation; the physician first called, not knowing what to do in the case, summoned the speaker, who, although at once recognizing a dead child transversly presented, and assuring the woman that he could deliver and relieve her inside of a minute (by decapitation of the child), she would not allow him to do anything for her, saying that she wanted to sleep first. Whereupon Dr. Sell recommended the husband to send his wife to the hospital at once or she would die undelivered, which she did, his advice not being taken.

Dr. Sell said, that this was but one striking case of many. The Medico-Legal Society could do a good work if it would provide proper legislation to control the action of midwives.

Henry J. Garrigues, M. D., said that some years ago he had a case which had forcibly brought home to him the importance of the medico-legal question, "What is a living child?" He delivered a lady of a very large child presenting by the brow by means of a high forceps operation. The mother did well. The child was born deeply asphyxiated, but as its heart beat, he used nearly all known methods to revive it. At the end of two hours and a half the child began to breathe, and came so far as to make eight double respirations per minute; that is to say, there was a short pause between two gasps, and then a longer interval. Later on the child opened both eyes. After seven hours it died; that is to say, respiration, pulsation and movements ceased. The child never cried, but in his opinion it certainly lived seven hours after its birth, for pulsation of the heart, respiration and spontaneos movements were all phenomena belonging to life. He

could not agree with the author of the paper that respiration should be the deciding test. For him the beating of the heart was enough. It had been said that the heart beat already in the uterus, and could, therefore, not be used as a test, but the difference was that it *continued* to beat after the child's expulsion from the maternal organism.

The law differed in different countries. In France a child must be born viable, and the interpretation of the word life, and born alive, was complete and perfect respiration. According to Scotch law, the child must cry. The English law was much more liberal. Although the mere warmth of the body would not be evidence of live birth, since that could simply be heat communicated from the mother, yet the slightest trace of vital action, in its common and true physiological sense, such as crying, breathing, pulsation or motion, observed after the entire birth—that is to say, after the whole body of the child has come without the mother's body—would be deemed in English law a sufficient proof of the child having come into the world alive. In this country the English law would be followed*; and in his opinion that law was in accord with science.

With regard to midwives, he said that subject was much too large and important to be discussed then. The society ought to devote a separate evening to that question alone. He would only say that he was of the opinion that we should not have midwives at all, since there was a legally authorized physician for every six hundred persons in the United States, and one for every four hundred and eighty in the city of New York, including children, old women and

*For details see: *Asphyxia in New-born Children, considered from a Medical and Legal Standpoint.* Paper read before the New York Obsterical Society, by H. J. Garrigues, M. D. American Journal of Obstetrics, vol. XI, p. 800, October, 1878.

men. Consequently, all child-births could easily be attended to by physicians. It had been said the poor could not afford to pay a physician, but there were plenty of young practitioners who would take confinements at as low a figure as midwives, and their intelligence, training and instruction made them by far more desirable.

Dr. John Lambert, of Salem, N. Y., said that he had listened with much interest to Dr. Chapin's paper.

The lateness of the hour would prevent him from joining in the discussion of the question as to what constitutes a live birth, a somewhat mixed and unsettled question, both in the legal and medical professions. He would, however, report a case that might be of interest in this connection.

Several years since he was summoned in consultation to see a primipara, æt. 37 years, at full term, and suffering excessively from uræmic poisoning. The patient was apparently *in extremis* when he entered the room; he immediately applied the forceps to deliver the woman, and before traction could be made the patient expired.

By auscultation, he distinctly recognized the beat of a fœtal heart, and in thirteen minutes from the death of the mother he delivered the child by abdominal section. The heart was beating fully; no other sign of life was present.

By means of artificial respiration, warm bath, electricity and other measures, the child gained and maintained a feeble and spasmodic respiration. It had, at times, a distinguishable pulse, and an occasional movement of its limbs.

Life was continued four hours, but its maifestations were so slightly pronounced, that it was only by the most careful observation that *the fact* of life could be affirmed. The manifest death of this child, however, was so differential

that no doubt remained regarding the question of life.

This lady died intestate, and possessing property. The relatives, coming to appreciate the delicacy and perplexity of the question at issue, cheerfully waived their claim of inheritance.

ARTHUR C. BUTTS, ESQ.

It was not my intention to say anything to-night upon the subject under discussion, but the very able paper of Dr. Chapin, and the remarks it has called forth, disclose the fact that there is a difference of views among medical men and lawyers as to the rule which should govern in cases of tenancy by the curtesy, as that relation is effected by the birth of a child. It has been stated here to-night that the law as laid down by the Courts of England and this country is unsound, and that the theory advocated in the paper just read should prevail. Believing there ought to be no difference of opinion upon this subject, I beg leave to submit a few thougths for your consideration, to show that the medical and legal professions upon this question ought to stand upon common ground.

Four things must exist to create a tenant by the curtesy. First, marriage; second, seizure of the wife of real property; third, her death seized of said property; and fourth, the birth during coverture of a child which might possibly have inherited her lands. Then, at her death, the husband, by the curtesy of the laws of England, became vested with a life estate in all lands of which she died seized. That part of the common law is now in force in New York.

Now, while every case must largely depend upon the special circumstances surrounding it, yet I think I am correctly stating the law upon this subject to be—and the courts have always adhered to the rule, and it is the only safe and practical one—that there must have been a child born; there

must have come into this world a being, who had, if only for a moment, separate and apart from its mother, an independent existence. The child must be actually delivered. Its life must no longer be dependent upon or having any relation whatever to a state *in utero*.

In dealing with a practical question like this, it can be well observed that courts of justice can indulge in no fine spun scientific theories as to just and how near an embryo may come to being a living child, or as to just what evidence of life the action of one or more organs may indicate. Interesting as such questions always are to the seeker after truth and knowledge, yet in law they are only available as they tend to establish the practical question, did the embryo become a living child? Had it a being of its own, complete in all its functions and capable of maintaining independent life? However feebly the spark of life may flicker, if it is alive, though the child may gasp but one breath and die, yet under the conditions just stated, it had a life—a legal life—such a life as can only be recognized by a wise system of law in ts administration of the affairs of men.

Dr. Irwin remarked that if any period during the progress of parturition was to determine the legal individuality of the child, it ought certainly to be the moment at which the child became an independent human being. Until respiration takes place, whether accompanied, as is usually the case, by crying or not, a child is dependent for its supply of oxygenated blood, which means its life, upon the mother; but as soon as the passages of air through the lungs has established the new circulation, one of which is quite distinct in course and otherwise from that of fœtal life, then, and then only, the life of the child is independent of the mother's. The moment when this condition is established is, by no means, necessarily contemporaneous with the expulsion of the child from the body of the

mother. If only the head has been born, provided that respiration is established, the child is an independent individual, and might live, thus incompletely delivered, for many hours after the death of the mother.

On the other hand, although all the body, with the exception of the head, has been fully expelled from the mother, the child is still dependent upon her for its life; and if the funis conveying maternal blood should be compressed or broken the child must soon die in this position.

A more extreme case is that in which the child is entirely delivered, and lying, perhaps, at some distance from the mother: if respiration has not taken place, and if the placenta remains still attached within the body of the mother, and the cord carries pure blood to the child, that child may live under these circumstances for an indefinite period, but is just as dependent upon the vitality of its mother, as when it was within her womb.

When the heart is heard or felt to beat in an apparently still-born child, this fact is a strong encouragement to the obstetrician to persevere in his efforts to promote respiration. It is not, however, alone an evidence of life, since the muscular movement of the heart may continue long after death, in some of the lower forms of life long after it has been removed from the body, and it is quite certain it cannot be performing its function of circulating the blood in an infant who had never breathed, yet who is detached from the mother, since at this time no circuit is complete.

CONGRESS OF PSYCHIATRY AND NEUROLOGY.

HELD AT ANTWERP, SEPTEMBER 7th, 8th AND 9TH, 1885, UNDER THE AUSPICES OF THE SOCIETY OF MENTAL MEDICINE OF BELGIUM.

Presidency of DR. V. DESGUIN, SECRETARY, B. C. INGALS, M. D.

The Congress was held at the Hotel de Ville and was attended by the most distingushed alienists from the Continent of Europe and from Great Britain.

Among whom we note the following:

Dr. Van Andel, Superintendent of the Asylum at Medemblik; Dr. Ramaer, Inspector General of Lunatic Asylums. for Holland.

From France: Dr. Magnan, of the Asylum of St. Anne of Paris, Professor of Psychiatry; Dr. Deny, of the Bicetre; Dr. Christian, of the Asylum at Charenton; Dr. Garnier, Inspector of the Insane Asylums of the Seine, Physician for the Insane under the Prefet of Police, and Secretary of the Society Medico-Psychologigue of Paris; Dr. Rey, of the Asylum at Ville Evrard; Dr. Socquet, Secretary of the Medico-Legal Society of France; Dr. Picard, of the Asylum of Malegrange, at Nancy; Dr. Giraud, Superintendent of Asylum at Fains.

From Russia: Dr. Mierzejewski, Professor of Psychiatry and the Clinic of the Insane at St. Petersburgh.

From Scandinavian countries: Prof. Dr. Valdemar Steenberg, of Copenhagen, Denmark.

From Germany: Dr. Freusberg, Superintendent of Insane Asylum at Sarguemines; Dr. Brosius, editor of *l'Irren-*

freund, and Superintendent of Hospital for Nervous Diseases at Berndorf and Sayn; Dr. Guttstadt, Secretary of the Statistical Bureau at Berlin.

From Austria: Prof. Dr. Benedikt, of Vienna.

From Great Britain: Dr. Pritchard Davis, of Kent County Asylum, at Barmingheath, near Maidstone; Dr. Stanley, of Caterham Asylum—Surry; Dr. Rutherford, of the Royal Asylum of Crichton, at Dumfries; Dr. J. Eames, of the Asylum at Eglinton, President of the British Medico-Psychological Association of Cork, Ireland; Dr. A. Eames, of the Royal Navy, London; Dr. Peacock, of the English Army, in India; Dr. Curtis, of Cork, Ireland; Dr. D. Hack Tuke, editor of the Journal of Mental Science, of London.

From South America: Dr. Sola, Superintendent of the Insane Asylum for Women, at Buenos Ayers.

From Belgium; Dr. V. Oudart, Inspector General of the Insane Asylums of Belgium; Dr. Desguin, of Antwerp, President; Dr. B. C. Ingels, of Ghent, Secretary; Dr. Cuylits, of Brussels, Dr. Jules Morel, of Ghent, Assistant Secretaries; Prof. Dr. Boddaert, of Ghent; Prof. Dr. Heger, of Brussels; Prof. Dr. Lefebvre, of Louvain; Dr. Semal, of the Asylum of Mons and Vermeulen, of Ghent; M. Prius, Inspector of Prisons; M. Germeau of Liege; Dr. Kuborn, President of the Royal Belgian Academy of Medicine; Dr. Candeze, of Liege; Dr. Verheeke, of Hoboken; Dr. Mabilde, Superintendent of Asylum at Selzate; Dr. Wallaert, of Courtrai; Dr. Temmerman, of Duffel; Dr. Leon de Rode, of Louvain; Dr. Bayens, of Antwerp; Dr. Aerts, Physician-in-Chief, at Gheel; Dr. Peeters, Medical Inspector at Gheel; Dr. De Moerloose, of Ghent; Dr. Cesar de Paepe, of Brussels; Dr. A. Moureau, of Antwerp; Dr. Bailleux and Dr. Kums, of Antwerp; Dr. Otlen, of St. Trond; M. Lorand, Advocate of Brussels; Dr. Donmers, and Dr. William Caytan, of Antwerp; Dr. Emile Vandenven, of Schaaerbeek; Dr. Marique, Surgeon-in-Charge of Autopsies at the Uni-

versity at Brussels; Prof. Dr. Verriest, of Louvain; Dr. Lahousse, and Dr. Van In, of Antwerp; Dr. De Craene, of the Asylum of St. Anne, at Courtrai; Dr. Fremie, of Antwerp; Dr. Guyod, of Tirlemont; Prof. Dr. J de Smeth, of University at Brussels; Dr. De Moor, of Alost; Dr. Closset, of the Asylum at Liege; Dr. Warnots, of Brussels; Dr. Borlée, Vice-President Royal Belgian Academy; M. Germeau, fils Advocate at Liege; Dr. Callaert, of Antwerp; Dr. J. de Windt, of Alost; Dr. Berchem, of Antwerp; Dr. Gombault, of Meysse; Dr. Stobbaerts, of Malines; M. Vankeymolen, of Antwerp; Dr. E. Houzé, of Brussels; Prof. H. Denis, of University of Brussels; Dr. Descamps, M. Kemna, Dr. Schleicher, Dr. Van de Wiele, of Antwerp, and Dr. Gevaert, of Ghent.

Dr. Desguin opened the session by a short address, introducing the members to the public authorities.

The Mayor, M. de Wael, responded in behalf of the city of Antwerp, to whom the delegates were formally presented.

The president then made an elaborate address, announcing the plan for labors of the Congress, for the discussion of the following questions:

1. The best basis of international statistics concerning the insane, on which M. le Prof. Lefebvere had made a careful report.

2. The relations of insanity to crime, concerning which Dr. Semal, superintendent of the asylum at Mons, had prepared an elaborate paper. He spoke briefly on both topics, declared the session opened, and asked the Congress to elect its officers, composed of a president, a vice-president, a secretary-general and two assistant secretaries.

On motion of Doctor Ramaer, the members of the Provisional Bureau named by the Societe of Mental Medicine of Belgium were unanimously elected for the Congress.

President Desguin asked the Congress to add presidents as honorary officers, which was acceded to by the Congress

and the following Honorary Presidents were unanimously elected:

Drs. Benedikt for Austria; Christian for France; James Eames for Ireland; Dr. Brosius for Germany; Mierzejewski for Russia; Ramaer for Holland; Valdemar Steenberg for the Scandinavian Countries; Hack Tuke for England; Sola for the Argentine Republic; Rutherford for Scotland and Victor Oudart for Belgium.

President, Dr. V. Desguin, Vice-President, Dr. Lentz; Secretary, Dr. B. C. Ingels; Assistant Secretaries, Dr. Cuylets, Dr. Jules Morel.

Members of Council—Drs. Boddaert, Heger, Lefebvre, Semal and Vermeulen.

Letters from the Belgian Minister of Foreign Affairs and the Attorney General were read, expressing their interest in the work of the congress.

The Governor of Liege anounced that he had requested M. Germeau to attend as his representative.

A large number of letters were received and read from distinguished persons throughout the world, regretting their inability to be present.

Brochures were submitted by Dr. Ph. Rey, Dr. Guttstadt, Dr. M. Warnots, and the session adjourned to 3 P. M. same day.

Afternoon session, 3 P. M.

M. Giraud, in the name of Dr. Ach Foville, read a paper upon "The Rights of the Insane before the Civil Tribunals."

M. Oudart read a paper upon "The Colonization of the Insane."

Professor Benedikt, of Vienna, read a paper upon "The Specific Effect of Electricity," which was discussed by Drs. Magnan, Mierzejewski and the author.

M. le Dr. Verriest, of Louvain, read a paper entitled "De Paralysies par Inconscience."

M. le Dr. Garnier read a "Medico-Legal Report upon a

Case of Morphinism with Hysterio-Epileptic Attacks."

Dr. Brosius, of Bendorf and Sayn, spoke upon "The Employment of Alcohol in the Treatment of the Insane," which gave rise to a discussion in which Drs. Magnan, Garnier of Paris, Ramaer of Holland, and Dr. Brosius participated.

Dr. Rey, of Ville-Evrard, read a paper upon "General Paralysis in Women, and, the Relation of Hysteria in Such Cases."

Dr. Closset, of Leige, read a study upon "Acute Mania and its Treatment."

Dr. Hack Tuke spoke upon the subject of "Hypnotism."

Dr. Peeters invited the Congress to visit the Colony at Gheel on the 10th of September, which invitation was accepted, and the session closed.

8th SEPTEMBER, 10 *A. M.*—The Congress opened the discussion upon the report of M. Lefebvre, on "The Best Basis of International Statistics Regarding the Insane."

Professor Lefebvre opened the debate and submitted the following general plan:

1. The number of insane in a given county or state.

2. The causes in general, and so far as possible the particular kind, of insanity.

3. The duration of the malady.

4. Whether curable or incurable

Dr. Guttstadt, of Berlin, explained the German system of statistics and classification, which he thought highly of.

Dr. Lefebvre conceded the justice of Dr. Guttstadt's remarks.

Dr. Ramaer, of Holland, spoke upon the subject of "Classification of Mental Maladies."

Dr. Hack Tuke called attention to the classification which had received the approval of the British Society, and asked that the Congress consider it.

Dr. Jules Morel, of Ghent, recalled the publication of tables on this subject, published by the Belgian Society in 1882, and concerning which he had written a paper giving full tables.

Dr. Christian, of Charenton, France, thought the estimates should include only inmates of asylums, otherwise he preferred the plan of Dr. Guttstadt.

Dr. Semal, of Mons, thought that hereditary insanity should be recognized as a distinct form, which Dr. Lefbvre had omitted, and he favored an international commission to determine the questions, he also thought that the researches should be confined to inmates of institutions.

Dr. Magnan, of Paris, spoke on Hereditary Insanity, and thought it should range by the side of such types of psychoses as intermittent mania and chronic mania.

President Desguin asked Ramaer to formulate his proposition for an international commission. It was opposed by Dr. Schleicher, who thought it possible for the Congress to agree itself upon a basis that would be acceptable to all the world.

Professor Lefebvre favored careful and conscientious study.

Statistics were always defective, as were and would be all other branches of human knowledge.

He on the whole favored the proposal for an international commission.

The Congress then decided that it would proceed to the nomination of an International Commission charged to elaborate a classification of mental diseases, and that the members of this commission should consult the scientific societies of their countries and request their aid in the enterprise of the Congress.

The commission chosen were as follows:

D. Hack Tuke for England; Guttstadt for Germany; Benedikt for Austria; Magnan for France; Steenberg for Scandinavia; Mierzejewski for Russia; Ramaer for Holland;

Sola for South America; Clark Bell for North America; L. Wille for Switzerland; Senator Andrea Verga of Milan for Italy.

The Society of Mentale Medicine of Belgium was authorized to designate correspondents from other countries who had not sent delegates to the Congress.

The delegates to the Congress were requested to place themselves *en rapport* with the scientific societies of their respective countries, and requested to make their best efforts to aid the Society of Mentale Medicine of Belgium to attain the desired end.

Session adjourned to 3 P M.

President Desguin announced in feeling terms the death of that distinguished alienist, Dr. Lunier of France.

The Congress ordered a letter of condolence to be sent in its name to Madame Lunier.

Dr. Richard Boddaert, Professor University of Ghent, announced a new discovery by which he could momentarily retard the circulation of the blood, by introducing into the vascular system, and especially in the arterial system, a liquid having the property of coagulating the albumen of the blood, or holding the solid particles in suspension for a short time. The Professor introduced three rabbits on whom he experimented, in two of which he produced facial paralysis, and in the other paralysis of the left side, by the injection of the liquid.

Dr. Verriest, Professor University of Louvain, presented a patient with a dual existence. He exhibited her before the Congress, and illustrated two entire different states into which she could be thrown on the mere command of the doctor. It was a case of hypnotism, and she was capable of being thrown into a third state by Dr. Verriest, unlike both the others.

Dr. Christian read a paper on "The fragility of bones in

general paresis," which he doubted, and cited cases from his practice in support of his views.

Dr. B. C. Ingels confirmed the opinions of Dr. Christian. He stated that in his thirty years of experience in an asylum he had never observed but three fractures in paralitics, and in all these cases the fractures would have occurred from the injury in a normal patient.

Dr. Marique, of Brussels, spoke on cerebral localization. He defended the claims of Fritz Hitzig, and of Ferrier, and claimed to have demonstrated by his experiments through tests by atrophy, and pathological study all that was claimed for cerebral localization by its friends. He handed in a paper entitled "Experiments upon the mechanism and functions of the pyscho-moter centres of the brain."

Professor Benedikt doubted the claims of Dr. Marique. He was astonished to hear that a pyscho-moter centre was at the surface of the brain. It was not so. Hitzig had demonstrated this already. It is in the sub-cortical centres that conception originates, and we do not know the relations existing between the superficial centres and those further down in the brain. All these questions are unsettled. How can we arrive at positive conclusions concerning them? The subject was further discussed by Dr. Marique, Professor Benedikt, Dr. Giraud.

M. Cuylets in the name of Dr. Regis, submitted some drawings of value in determining changes in mental maladies.

Dr. B. C. Ingels made an address based upon his clinical experience, "Upon the relations between epilepsy and idiocy."

Session of 9th September.

M. Semal introduced the discussion of the second point before the Congress: "The relation of insanity to crime," and after alluding to the difficulties of the question, asked

the Congress to formulate some practical conclusions upon this important subject.

Dr. Benedikt, of Vienna, gave his views at length, and a discussion followed, participated in by MM. Dr. Warnots, of Brussels, Dr. Semal, Dr. Hack Tuke, Dr. VanAndel, of Zutphen, Dr. Heger, of Brussels, Dr. Heger, of Brussels, Dr. Goffiin, of Brussels, Mierzejewski, of St. Petersburgh, Dr. Houzé. After the discussion the Congress arrived at the following conclusions:

1. That public authorities should favor the continuation of this inquiry under the auspices of the Society of Mental Medicine of Belgium.

2. That a commission should be named, composed of judicial, correctional and medical representatives, charged to investigate—

(a) Those arraigned suspected of mental alienation.

(b) Those who have committed any crime while insane.

(c) Great criminals and old offenders.

(d) Those adjudged to be lunatics by the courts.

On motion of Prof. Benedikt, the Congress, favored the establishment of clinical examination of criminals.

The President closed the Congress with thanks to the members.

M. Benedikt, in the name of the visiting delegates, thanked the committee for their labors, and paid a graceful tribute to the talent and energy of the medical men of Belgium.

The Congress was followed by a banquet, participated in by most of the delegates.

The next day members visited the Colony at Gheel. On Friday they visited the asylums at Mons and Tournai, and on Saturday the Hospice Guisland at Ghent.

MEDICO-PSYCHOLOGICAL ASSOCIATION (BRITISH).

Annual meeting August 4, 1885, was held at Cork, Ireland, Dr. J. A. Eames, presiding.

A vote of thanks was carried to the retiring president, Dr. Raynor.

The treasurer's report was read, showing receipts £475 12s. 2d. over and above £246 13s. 9d. on hand, and an expenditure of £487 16s. 10d. for the year, with a balance on hand of £234 15s. 1d.

Dr. Rutherford tendered his resignation of the Secretaryship for Scotland, but consented to act until a suitable successor could be found.

The following officers and other members of council were elected :

President—G. H. Savage, M. D., London.

Treasurer—John H. Paul, M. D.

Editors Journal—D. Hack Tuke, M. D.; G. H. Savage, M. D.

Auditors—H. B. Hayes Newington, M. D.; F. Needham M. D.

Honorary Secretaries—E. M. Courtenay, M. D., for Ireland; J. Rutherford, M. D., for Scotland; H. Rayner, General Secretary.

Council—J. A. Campbell, M. D.; J. M. Lindsay, M. D.; T. S. Clouston, M. D.; Conolly Norman, M. D.

Active members were elected, and Dr. Charles H. Nichols, of Bloomingdale, N. Y., was elected an honorary member.

The next annual meeting was voted to be held in London.

The Parliamentary Committee of last year was re-elected, with the name of Dr. Oscar Wood added.

The Statistical Committee was voted unnecessary, and it was not re-elected.

Drs. Orange, Eames and Raynor, adjudicators, awarded the prize of £10 10s., without a medal, to Dr. Greenlees for his

essay on "Study of Diseases of the Circulating System in the Insane."

The question of granting certificates in "Psychological Medicine" came up, and after remarks by Dr. Hack Tuke, the report of the committee was read favoring the plan, and submitting data of the scheme.

The report was discussed by Dr. Hack Tuke, Dr. Savage, Dr. Rayner, Dr. Norman, the president, Dr. Rutherford, Dr. Wood, Dr. Eames, and it was agreed to, and the report of committee adopted, with the modification that candidates should have three months' practice as a clinical clerk, or six months' attendance on the practice of an asylum, or three months' lectures with clinical instruction.

The Examiners for the ensuing year were chosen as follows:

For England—Dr. Savage and Dr. Hack Tuke.

For Ireland—Dr. Norman and Dr. Eames.

For Scotland—Dr. Howden and Dr. Ireland.

Dr. Hack Tuke read a paper entitled: "A Case of Moral Insanity," which was discussed by the president, Dr. Rayner, Sir Charles A. Cameron, Dr. Nugent, Dr. Savage, Dr. Rayner.

The president then read his inaugural address. Dr. Rutherford moved a vote of thanks, which was carried.

The discussion of Dr. Tuke's paper was reserved, and the society adjourned.

SOCIETE MEDICO-PSYCHOLOGIQUE (FRENCH).

SESSION OF JANUARY 26, 1885.

Presidency of MM. Foville and Dagonet.

Dr. Mesnet declined the Vice-Presidency of the Society, to which he had been elected at a former meeting.

M. Semelaigne was elected to fill the vacancy as Vice-President, by twenty-five votes out of twenty-seven.

M. Foville pronounced his retiring address and introduced his successor, M. Dagonet, who pronounced his inaugural address. Correspondence was read, among which was a letter from Clark Bell, Esq., President of the Medico-Legal Society of New York, donating twenty francs in the name of that society to the statue of Pinel, and twenty francs in his own name.

M. Foville submitted his work, Legislation Regarding Lunatics in England and Switzerland; being a report of his mission, 1880-3.

M. Magnan read a paper on "*Sexual Perversion.*"

SESSION OF FEBRUARY 23, 1885.

Presidency of M. Dagonet.

After the reading of correspondence M. Legrand du Saulle made report showing the financial condition of the society to be good, with 9,034 francs in the treasury, and proposed thanks to the treasurer, M. Voisin, which were carried.

The prize Moreau and Belhomme was decided to be awarded in 1886. The prize Moreau to the best thesis on the subject of Mental Alienation submitted to the Faculte de Medicine de Paris during 1885 and 1886.

The prize Belhomme to the best work on *Idiocy*, preference given to the anatomy and pathology of the nervous centres of idiocy, the works to be contributed prior to December 31, 1885, and awarded at general meeting in 1886.

On the report of the committee, M. Camuset, Asylum of Vaucluse, and M. A. Mairet, of Montpelier, were unanimously elected corresponding members.

M. Motet submitted his report on the report of Dr. Mirglia upon a case of homicide.

M. Morau (de Tours) reported on the memoir of Dr. Solivitti, of Rome.

M. Legrand du Saulle reported some new facts regarding nervous convulsions in the case of Rosa G., and some other cases of epilepsy, of interest.

On motion of M. Falret, the communication of Dr. Magnan was made the order of the day for next session, and M. Falret and Legrand du Saulle were selected to discuss that paper.

SESSION OF MARCH 30, 1885.

Presidency of M. Dagonet.

The correspondence was read. M. Luiner presented a communication in the name of M. Mabille, of the Asylum of Lafond, on "General Paralysis of Traumatic Origin."

M. Ph. Rey, on weight of Cerebral Hemispheres, by Broca.

M. Foville read a paper by M. Parant upon "Changes of Simulated into Actual Insanity," and on motion this subject was made the order of the day for the next session.

M. Falret read a paper on "Physical, Intellectual and Moral Signs of Hereditary Insanity."

SESSION OF APRIL 27, 1885.

Presidency of M. Dagonet.

Corresponding members were present.

The deaths of honorary and corresponding members were announced.

Correspondence and works were presented. Mr. Ritti pronounced a eulogy on the life and character of M. Lasegue, deceased corresponding member.

The Society adjourned.

SESSION OF JUNE 27, 1885.

Presiding of M. Dagonet.

Correspondence read and works presented.

M. Moreau made report on the candidacy of Prof. A. Te-

baldi, of Padova, and he was unanimously elected an associate member.

M. Ph. Rey continued his observations on the weight of the brain, after the register of Broca.

M. Riu submitted observations on *Epileptic Insanity*,

SESSION OF JULY 13, 1885.

Presidency of M. Dagonet.

Inauguration of the statue to Ph. Pinel.

M. Dagonet made the opening address, delivering the statue in the name of the Society Medico Psychologique to the city of Paris.

M. Robinet, Vice-President of the Municipal Council, accepted the same in behalf of the city, and made an eloquent address.

M. Poubelle, Prefet of the Seine, then made an oration and eulogy upon Pinel.

M. Legrand du Saulle, in the name of the committee, pronounced an admirable eulogy upon his life and the estimation in which he was held by the Society.

Dr. Ant. Ritti, Secretary General of the Societe Medico Psychologique, then pronounced a beautiful eulogy upon Dr. Pinel.

M. Pichon, member of the Municipal Council, delivered a discourse, extolling his virtues and merits, and the inauguration and dedication of the statue was complete.

AMERICAN NEUROLOGICAL ASSOCIATION.

At the annual meeting held in New York City June 1885, the following officers were elected:

President, Dr. Charles K. Mills, of Phila., Pa.; Vice-President, Dr. V. P. Gibney, of New York City; Secretary and Treasurer, Dr. R. W. Amidon, of New York City; Councillors, Drs. Geo. W. Jacoby and E. C. Seguin of N. Y.

EDITORIAL.

State Boards of Charities and Insane Asylums.—By far the ablest resumè of the progress made in the United States in the care and treatment of the insane is contained in Chapter III. of the Annual Report of the Illinois State Board of Charities, which, with an equally able and valuable exposition of the law of Commitment of Lunatics, are from the pen of its gifted secretary, Dr. Fred. H. Wines.

The history of insane asylums, from the first one constructed—the Eastern Lunatic Asylum, of Va., early in the present century—to the present, is ably narrated, and the discussions which have gone forward since the Association of American Superintendents in 1851 adopted the ninety-six propositions formulated by Dr. Kirkbride for the construction of a hospital for the insane, with a capacity of two hundred patients, are fully discussed and admirably presented.

This great field involves the grave questions considered in New York, in Massachusetts, in Pennsylvania, in Rhode Island, Illinois, Indiana, and indeed in most of the American States.

In no place that we can now recall has a more intelligent and complete statement of the growth and progress of asylum

construction been more carefully, more ably or more fairly presented.

Chapter IV. of this report treats as ably of a more difficult, but none the less interesting subject.

The legal definitions of insanity, as given in the statutes of many of the States and Territories, presenting forcibly the singular anomalies presented by legislative enactments, when attempting to legally define *insanity*, probably framed in too many instances by those who had little knowledge of the subject. The classification of insane persons, so far as it has been defined in the States by statutory enactments, forms a most interesting portion of this chapter.

The legal provisions for the commitment of insane persons in the various States are analyzed with care, and this analysis is based upon a classification of the States, into—

1. Those where commitments are made without even the formality of a medical certificate.

2. Those where a medical certificate is required, but not an order of a court.

3. Those where the commitment is upon the order of a court, after a judicial investigation.

4. Those where a trial by jury of the fact of the existence of insanity is a prerequisite to commitment.

The remainder of Chapter IV. is devoted to a critical analysis of the statutes of the several States as to the existing laws regarding the care, treatment and general disposition of the insane, covering the whole lunacy question, and is based generally upon the laws as found in Mr. George L. Harrison's work, "Legislation on Insanity," though in many cases Dr. Wines seems to have referred to the statutes themselves in several of the States.

Upon the legal aspects of the question of commitments of lunatics, Dr. Wines' views, as embodied in this report, are worthy of reproduction.

Legal Aspects of the Question.—Where the insanity of any person is of such a description that no necessity exists for any i terference with his freedom of action, the question of his condition may be regarded as a purely medical question, as in the case of any other disease. The treatment of ordinary diseases is left entirely to the physician, without the intervention of a court.

But insanity is not an ordinary disease. Its peculiarity consists in its tendency to unfit its victims for the maintenance of normal social relations. It is often indispensable that the insane man should be, to a greater or less extent, deprived of his personal freedom. His right to the control of his person and estate is involved in the decision of the question of his sanity. It is not merely a question of insanity, but of custody, and that is not a medical but a legal question.

No man can be rightfully deprived of his liberty, otherwise than by due process of law. Commitment to a hospital or asylum for the insane, however we may gloss it over, is deprivation of liberty It is to be shut up under lock and key. It is to be subjected to liability to undergo painful discipline, at the will of another; the discipline of the camisole and the muff, for instance, if the medical officers of the institution deem such treatment important or judicious. It is to have no assurance of any termination to this irksome confinement; for there is no patient who may not have to remain in custody for the term of his natural life, if no improvement takes place in his condition. It is to be cut off in a large degree from the companionship of friends not only, but from their present and active sympathy, and even, in many cases, from their very remembrance. That such deprivation is unavoidable, that it is proper, that it is beneficial, does not render it less painful, nor change its essential nature.

But what is due process of law? Is it a private agreement between the friends of the patient or his attending physician and the authorities of the hospital? Or is it a judicial inquiry and a solemn, responsible decision by a court, based upon evidence?*

It is the right of every alleged lunatic to protest against a judgment which would consign him to imprisonment and give the control of his property to another. It is his right to have notice and a hearing. Not even the right to have his case passed upon by a jury can be lawfully taken from him. If he is not capable of entering any protest, nor of appreciating or insisting upon his rights, as patients in acute mania or a state of dementia are incapable, so much the worse for him. But this is not the state of doubtful lunatics, and it is for their protection that the arm of the law is made strong.—

*The expression occurs in the statutes of Rhode Island, "*not* committed by process of law," as applicable to private patients. R. S., 1882, ch. 74, sec. 14.

The report embraces elaborate and complete statistical tables of great value of all the public institutions of Illinois, but its Chapters III. and IV. are so important that a copy should be in the library of every lawyer or physician who gives attention to these subjects.

The Case of Louis Riel.—The hanging of this unfortunate, in November, 1885, was the last act in the tragedy which adds another name to the list of insane who have been executed as criminals in our time.

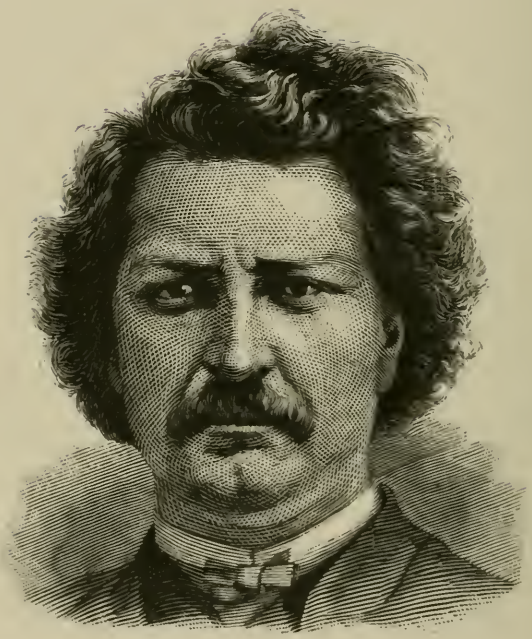
Riel seems to have been educated for the priesthood, but his conduct was so eccentric that the original idea was abandoned. His mother is living, but appears to be semi-imbecile, with marked religious bias, while his father was described to have been unbalanced and on the borderland of insanity. He fomented the rebellion in Winnipeg, in 1870, of which he was one of the leaders, which was suppressed by General Wolsley, without, however, capturing Riel.

In this rebellion he shot Scott, apparently on an insane impulse and without motive, unless it was from jealously as a rival in public favor.

He is said to have become frenzied and maniacal when any one attempted to intercede for Scott's life. Riel became insane and afflicted with megalomania.

He regarded himself as a sort of savior of his people, and aspired at some times to become the centre of a new religious movement which should supercede the existing power of the Pope. He was filled with the wildest projects and plans; at some times profoundly pious and observant of religious rites, and at others spurning priests, rites and ordinances of the church.

He was, after 1870, committed as insane to the Longue Point Asylum, at Montreal; was also an inmate of the Beauport Asylum, at Quebec, upon the certificate of medical men, and is said to have been once committed to an insane



Louis Riel.

asylum in Washington, D. C., prior to 1878 and subsequent to 1870, though we do not know that this is true.

When thus confined he was described as at times maniacal and fully under the delusion that he was the coming political leader of the age. This delusion seemed to dominate and control his conduct, although he had lucid intervals in which he was competent to transact business, and was apparently rational and responsible for his conduct. He believed himself to be a prophet, with inspired power to foresee and foretell future events. He instigated and fomented the recent rebellion in Northwestern Canada. While the nominal head of the movement, he seems to have been the figure head, rather than the real master spirit. Dumont and Dumais were the real leaders and did the fighting. Riel had a strange and mysterious influence over the Indians and half-breeds by his eloquence, and his religious appeals. In battle he went about holding aloft a crucifix, praying aloud and calling upon the Trinity to assist their arms.

In all the various fights he is described to have done no fighting himself, but to have "gesticulated, shouted, stamped, prayed and filled the air with exclamations, prophecies and wildest ravings." His idea was a national heptarchy in the northwest, of which he was to be the chief ruler, in spite of British or Canadian power.

He even contemplated and announced a plan of locating a Papal see at St. Boniface, ignoring, if not displacing the authority of the Pope.

The rebellion was suppressed and he was captured and put upon trial for treason, at Regina.

This trial was the most extraordinary judicial proceeding of modern times. The court is said to have been composed of two Justices of the Peace, and the jury to have been composed of six men, and that the trial was not upon any indictment, but upon a mere charge, not made even under oath. Such a proceeding is incomprehensible to American

lawyers, and it is doubtful if such a tribunal in a capital case would be possible in any English speaking country. Certainly not in any English Province of which we know, unless it may be legal as it is stated that it is in this particular Canadian territory.

It is unfortunate for the English Government if such a tribunal should have power of life and death in any case of the public importance attaching to that of Riel.

We do not care to touch upon the political issues or questions involved.

Before this tribunal the defence of insanity was interposed by Riel's counsel. There were three experts sworn: Dr. Ray, of Quebec, Dr. D. Clark, of Toronto, and Dr. Wallace Hamilton.

The first two united in the statement that Riel was undoubtedly insane upon the evidence.

Dr. Clarke frankly stated that no medical man could form a definite conclusion as to his insanity from a mere cursory examination.

Dr. Wallace examined him for half an hour, and while he could not detect in this short examination any signs of insanity or mental aberration, he was still unwilling to swear that Riel was sane.

Riel was indignant on the trial that the plea of insanity was interposed. He desired to discharge his counsel for making this plea.

Like most lunatics with delirium of grandeur, he thought it inconsistent with his idea of greatness to be adjudged a lunatic.

Father Andre, the learned and accomplished Superior of the Oblate Fathers, testified that last spring Riel applied to the Mission priests for the usual privileges of a communicant; that a meeting of all the priests of the Mission was held to consult upon this subject, and their conclusion was that Riel was not in a fit state, mentally, to

partake of church ordinances. This was only last spring—1885.

Father Andre said in court that Riel had a dual life: the one that of a shrewd, intelligent and cunning person; the other that of a maniac, without sense or reason.

Nolin, a cousin of Riel, who was a witness against him, testified that at one interview Riel set an empty chair between them, saying it was for Jesus Christ, who was to be present at the interview.

At a wedding given at Batochein, April, 1885, Riel was shown to have set apart on a chair a plate full of meat, which he said was for Jesus Christ, who was to be present.

The jury convicted Riel but recommended him to mercy. They evidently believed him to be insane.

We pass to the period of his approaching execution and death. Medical men are reported to have made a medical examination of his case at the solicitation of the Canadian Government.

The New York *Herald* is authority for the statement, that Dr. Lavelle, one of the medical examiners, said, though in a guarded manner, on the 12th of November, 1885, before Riel's execution, "that he believed Riel was insane, but Dr. Jukes, of Regina, claimed that he was sane.

"That although the other member of the commission was wavering, he, Dr. Lavelle, believed that he was inclined to favor the opinion of the prisoner's insanity.

"That he does not see how any one could report Riel as sane at present.

"Whether from the effect of confinement or of excitement, the prisoner is far from being in possession of his senses.

"There is a strange light in his eyes, which betokens the advanced stage of insanity.

"Dr. Lavelle says Riel in the presence of the doctors carried on a conversation which no just man could believe emanated from a sane individual."

With the political questions or necessities of a public character that controlled the mind and judgment of the Canadian authorities in hanging Riel, we have little to do and express no opinion. That he was insane admits of really no question. What public good can come from the public execution of lunatics we fail to see.

The English government did not hang the lunatic who quite recently made an attempt upon the life of the Queen of England.

We have always thought that in this respect they acted wisely and for the public good.

It was an unfortunate mistake that our own government did not regard the act of Guiteau in the same sense, as did the lamented Garfield and his Secretary of State.

We shall all live long enough to see that it was as grave an error to hang the lunatic Riel.

It seems a blot upon our civilization to execute lunatics for acts which in sane persons would be capital offences. While the life of a lunatic is of no especial value to the State, if these unfortunates, thus suspended along the paths of national life, call attention to the grave errors of public officials, they may serve by their death a useful purpose in awaking public sentiment to such changes in our system in criminal procedure as would make such spectacles impossible in the next century.*

Gun Shot Wounds of the Brain.—Dr. Wm. F. Fluhrer reports the details of the case of Bruno Knorr, who was shot in the forehead, the bullet entering an inch and a quarter above the upper level of the eyebrow, passed in a straight line through the brain, and was then deflected to

*Archibishop Tache in speaking of Riel and his condition says: "For many years, I am convinced beyond the possibility of a doubt that, while endowed with brilliant qualities of mind and of heart, the unfortunate leader of the Metis was a prey to what may be termed 'megalomania' and 'theomania,' which alone can explain his way of acting up to the last moments of his life."—N. Y. Herald.

its place of lodgment, an inch and a half to the left of the posterior median line. The bullet cut upon the superior longitudinal sinus and penetrated the brain in the first frontal convolution, just at the edge of the hemisphere, where the convex surface joins the inner surface. Traversing the brain substance of the hemisphere, it emerged and lodged in the superior parietal convolution. The distance between the two openings in the brain in a straight line was six inches and a quarter. The injury was January 24, 1884, and he left hospital and went back to work June 30, 1884.—*Knowledge*, Oct. 2, 1885.

This case resembles the case of Shotwell Ayres, reported to the Medico-Legal Society by Drs. Harvey and Hill, of Dundee, N. Y., who lived after receiving a ball in his brain and resumed his calling.—*Medico-Legal Journal*, Vol. 3, p. 108.

Dr. Isaac Lewis Peet.—The President elect of the Medico Legal Society, who will be installed at the January meeting of 1886, is one of the old members of the Society, who has long taken an interest in forensic medicine, and has been for many years at the head of the Institution for Deaf Mutes of this city. His paper entitled "The Psychical Status and Criminal Responsibility of the Totally Uneducated Deaf and Dumb," was read before the Medico Legal Society, on the 9th of November, 1871, more than fourteen years ago, and is regarded as standard authority on that subject everywhere. It is published in the first volume of Medico-Legal papers, page 516.

Dr. Peet will bring to the chair of the Society rare attainments, great enthusiasm and an earnest endeavor. We congratulate the Society on the rare good fortune which has attended it in this selection for its President. The refusal of Dr. Doremus to serve another year was regretted by all, and was a surprise to the Society. The withdrawal of Prof. John M. Carnochan and Dr. Andrew H. Smith

who were nominated at the November meeting, and the refusal of Mr. Clark Bell to accept the office, left the members in some doubt as to the proper selection to be made. We feel sure that the Society under the leadership of Dr. Peet will go forward in its career of prosperity and usefulness.

Bartholdi and Liberty.—The editor of this journal was an original member of the committe having in charge the erection of the pedestal for the great statue that is destined to connect and cement the ancient friendship of the American people with those of France for the next century, as a beacon in our harbor.

Believing that this work should be done by small offerings from the people of the whole country, and not by large gifts from individuals, he strongly urged this course upon his associates in the committee in the inception of the enterprise; other counsels, however, prevailed with such results as the public understand. The people of the city and country were spared the mortification of failure by the splendid, magnificent enterprize of Mr. Joseph Pulitzer, of the New York *World*, who, alone, unaided by the committee or any one, raised the $100,000 said to be needed for the completion of the pedestal, by small contributions from the mass of the people under circumstances of very great difficulty and embarrassment, which act has entitled him to the thanks and kind remembrance of the American people for all time. We publish to-day the announcement from the executive committee, that some $40,000 more are needed to complete the work, and the plan for a sale of statuettes of the structure to accomplish the purpose, appears in our advertising columns. This is a practical appeal to the masses of our people to connect their names with this great international work. The statue itself has been paid for by the people of France in contributions from the masses, many of whom contributed only a single franc to the object.

It is now within the power of every citizen of this country, male or female, old and young alike, to furnish their quota in small sums, that will not be felt by any, to this grand object. These gifts will represent, as a whole, the masses and body of the American people, as did and does the contributions obtained by Mr. Pulitzer through the New York *World*. We trust the press and people of the whole county will respond to this last call and complete the preparations for the inauguration of the statue by the time named.

Classification of Mental Diseases.—At the December meeting of the Medico Legal Society Mr. Clark Bell read a translation of the paper of Prof. Dr. Lefebvre, of Belgium, the letter of Nov. 10, 1885, addressed to him by the Secretary of the Belgian Socitey, and the Transactions of the Antwerp Conference, printed in this issue of the Journal.

He moved the appointment of a Committee of three by the Chair, to co-oporate with him as representatives of the Society, in the work of the Commission which was unanimously adopted.

Mr. Bell also moved that the paper of Prof. Lefebvre and the whole subject matter involved be refered to a Committee of seven names, to be selected by the President from those who had given special attention to Neurolgical and Psychiatric studies, who should make a report to the Society which was unanimously adopted.

The following Committees were appointed by the President, Prof. R. O. Doremus:

1—Committee of three: Dr. Pliny Earl, of Northampton Lunatic Hospital, Mass.; Dr. Alice Bennett, Superintendent of Penn State Lunatic Hospital, Norristown, Pa., and Dr. Charles H. Hughes, Editor of the *Alienist Neurologist*, St. Louis, Mo.

2—Committee of Seven: Dr. A. E. MacDonald, Supt. N. Y. City Lunatic Asylum, Mr. Clark Bell, of New York, Dr. Jennie McCowen of Davenport, Iowa, Dr. Ira Russell, of

Winchenden, Mass.; Dr. Stephen Smith, State Commissioner in Lunacy of New York, Dr. W. R. Birdsall, President Neurological Society of N. Y., and Dr. T. H. Kellog of New York.

Cocoaine.—We regret not being able to produce in this issue the remarks of Prof. Doremus, made at the November meeting on the fatal case of poisoning by Cocoaine, reported from Kansas, by Dr. Thomas. The question has excited much interest and the case has been cited in various journals. The remarks with the discussion in the Medical Legal Society, will appear in our next issue, with the very elaborate chart of all the reported cases of injurious or fatal effects of the drug, prepared by the President. It certainly is a proper subject of inquiry as suggested by Prof. Doremus, to investigate critically, the action of this drug, which is now coming into general use, so as to know its danger as well as its virtues.

The press of extra duties devolving upon Prof. Doremus has preventing furnishing his remarks in season for our current number.

A COMMON INTERNATIONAL BASIS FOR STATISTICS RELATING TO THE INSANE WITH A VIEW OF DETERMINING UPON A BASIS OF CLASSIFICATION OF MENTAL DISEASES.

The International Congress of Psychiatry and Neurology, held at Antwerp, Belgium, in September last, on the invitation of the Society of Mental Medicine of Belgium, after a full discussion, decided to nominate an International Commission, charged with the duty of agreeing upon "A Classification of Mental Diseases," upon which all countries might unite.

The members of this Commission are as follows :

D. Hack Tuke, of London, for England.

Dr. GUTTSTADT, of Berlin, for Germany.

Prof. Dr. BENEDIKT, of Vienna, for Austria.

Dr. MAGNAN, of Paris, for France.

Prof. Dr. VALDEMAR STEENBERG, of Copenhagen, Denmark, for all the Scandinavian countries.

Prof. Dr. MIERZEJEWSKI, of St. Petersburgh, for Russia.

Dr. RAMAER, The Hague, for Holland.

Dr. SOLA, of Buenos Ayres, for South America.

CLARK BELL, Esq., of New York, for North America.

Prof. Dr. L. WILLE, of Basle, for Switzerland.

Prof. ANDREA VERGA, Senator of Milan, for Italy.

The members of this Commission were requested to obtain the views and co-operation of the Societies of their respective countries interested in these subjects, and to communicate the result of their labors to the Belgian Society of Mental Medicine.

The editor of this journal having been [placed upon this commission by the Congress without consultation or his knowledge, while feeling that some abler name might have been selected for the discharge of so important a duty, is willing to act for the students of mental medicine for the countries of North America, if they will extend their aid and co-operation which he greatly desires. He will esteem it a favor if all who take an interest in these questions will communicate with him direct upon this interesting subject.

He has received the following official communication from the Society of Mental Medicine of Belgium, in relation to his duties, with a copy of the transactions of the Congress and the paper of Dr. Lefebvre translations of both of which appear in the current number of this Journal:

GHENT, BELGIUM, November 10, 1885.

MR. CLARK BELL, *Advocate, New York:*

SIR:—I have the honor to inform you that at the Con-

gress Extraordinary, held at Antwerp, of the Belgian Society of Mental Medicine, a committee was appointed charged with collecting material for the basis of complete international statistics of the insane, and that you were appointed one of this committee to represent North America. I send you to-day by post a copy of the proceedings of the meeting in detail, and a copy of the paper of Prof. Lefebvre.

To carry out the resolutions of the meeting, I beg you to put before the proper scientific societies of North America the propositions relative to a basis for statistics of the insane, discussed in the two printed papers above mentioned, and then transmit the information thus collected to the Belgian Society of Mental Medicine. We would feel greatly obliged if you could at the same time let us know how far we might count on the co-operation of your government to aid us in the work we have undertaken, and what would be the best course to pursue in order to enlist it in our enterprise. Do not think me importunate if I ask you to send me this information with the least possible delay. A word in immediate reply would be particularly agreeable.

In the meantime I beg you to receive the assurance of my distinguished consideration.

B. C. Ingels, M. D.,
Sec'y of the Belgian Society of Mental Medicine.

Proper measures will be taken to bring the subject to the attention of such societies as it is hoped will co-operate with the labors of the Commission, and also to interest the several governments on this continent in the success of the enterprise, as desired by the Belgian Society.

The importance of a uniform classification of mental diseases as the principal preliminary step in arriving at the best international basis for statistics regarding the insane, was brought so forcibly to the attention of the Antwerp

Congress by Dr. RAMAER, Inspector-General of the Asylums for the Insane in Holland, and this Commission was thought to be the best method of reaching a practical solution.

The labors of JULES MOREL, the honored ex-President of the Belgian Society, in his admirable plan of "Classification of Mental Maladies," which was so ably discussed before that Society by Dr. LEUTZ, of the asylum at Tournai, and Dr. Peeters, corresponding member of the Medico-Legal Society, and medical superintendent of the colony at GHEEL, have initiated these labors in the Belgian Society.

Similar work has been done in the British Medico-Psychological Association, and in some of the scientific societies of the United States.

What seems to be desired is to form the basis of a general plan for *International Statistics regarding the insane*, which can be collated for the general enlightment of the scientific world, as a preliminary step in formulating a classification of mental diseases which can be united upon and adopted by all the various countries.

It is to be hoped that the movement will receive that support and encouragement from the men of science in North America which it has received abroad, and which its importance demands.

ENGLISH LUNACY LAW.—Dr. William W. Ireland, the accomplished head of the Home and School for young people needing special training and medical care at Preston Pans, Edinburgh, Scotland, writes us regarding the discussion in England upon the amendments to the Lunacy Statutes as follows: "The Lunacy Acts Amendment Bill will of course be again introduced in next Parliament.

I have been making some efforts to arrange to get a clause inserted prohibiting children under fourteen, insane, idiotic or imbecile, being sent into asylums for grown-up lunatics.

These children are generally weak, timid and imitative.

In a single night they learn practices which they never forget, and are terrified and ill-used by the adult lunatics, many of them have become insane by the sheer exaggeration of wickedness. In the London districts there are arrangements for the separate treatment of imbeciles and harmless lunatics, in the provinces and in Scotland none. I must say the expense of the London Board must have a deterrent effect. There is too much money spent upon mere appearances in lunatic asylums, and too little care for real comforts. Instead of their motto being '*Nimium non Crede Colori*,' it might well be '*Colori Nimium non Credere Potes*.'"

We think the views of Dr. Ireland entitled to thoughtful consideration, and we should be glad to hear from American superintendents of insane asylums such suggestions as they may have to offer regarding the views brought foward by the suggestions Dr. Ireland makes.

Increase of Insanity in Iowa.—The Iowa State Medical Reporter submits a statement and table made up from the reports of the State hospitals of Iowa of interest. We quote:

"Comparing and adding reports of the two insane hospitals of this State brings forth some curious and interesting facts that should be received by the public and our profession with alarm, and that would be, should they fully awaken to their importance.

"We bring forward our figures showing the number and relative per cents, from our review of the Biennial Report of the Iowa Hospital for the Insane at Mt. Pleasant, which will be found in the first column. In the second column will be found a like report from the Iowa Hospital for the Insane at Independence. In the third column will be found the totals and the total average per cents:

	(1)	(2)	(3)
Total number since the beginning	5,838	3,113	8,951
The native born of Iowa	784	392	1,176
The native born of other States	3,343	1,458	4,801
The foreign born of other States	1,711	1,263	2,974
Per cent born in Iowa	13	13	13
Per cent born in other States	56½	47	51⅜
Per cent foreign born	30½	40	35¼
Divided as follows:			
Germany	9½	14 2-5	12
Great Britain	10½	16 2-5	13¼
Scandinavia	3½	5 4-5	4 4-5
Other countries	7	3 2-5	5 1-5
Within the period of the two years, covered by this report, we find the total number insane.	706	665	1.368
Total number born in Iowa	165	115	270
Total number born in other States	362	285	647
Total number foreign born	179	262	441
Per cent born in Iowa	23½	17 1-5	20½
Per cent born in other States	51¼	43	47⅝
Per cent foreign born	25½	39 4-5	32⅝
Per cent born in Iowa			54
Per cent born in other States			27
Per cent foreign born			19

"As in the previous number, compare 'per cent born in Iowa' of the total population of the State, with the 'per cent of insane' among the native born 'since the beginning,' and we find that the latter is only one-fourth as great as the former. Compare the former with the per cent of insane among the native born, covering the 'period of two years,' and we find that the latter is only two and a half times as great as the former. Or, during the last two years the per cent of insane among those 'born in Iowa' is nearly double the average per cent 'from the beginning.' In like manner compare the 'per cent of insane' among those 'born in other States' and 'foreign born.' We find that in the first there in a decrease of 4⅝ per cent, and in the last a decrease of 2⅜ per cent.

"Thus, we see the per cent of insane among the native born is very rapidly increasing; and that the per cent among

those born in other States and the foreign born is decreasing.

"Why this increase?"

ITALIAN CONGRESS OF CRIMINAL ANTHROPOLOGY.—A committee of Italian and foreign jurisconsults, medical legists and medical alienists, with a view of affording the laborers in the field of criminal anthropology an opportunity of stating their views and doctrines, announced a *congress* at Rome, from the 15th to the 20th November ultimo.

The programme for discussion was remarkably interesting:

1. Is it desirable that the doctrines of the School of Criminal Anthropologists should be introduced into the New Code?

2. What are the categories that should be established among delinquents, and what are the essential organic and psychicical characteristics which distinguish them?

3. What should be the *role* of the physician-expert in criminal trials?

4. What are the best means for obtaining reparation for crimes?

5. Does suicide increase in inverse ratio to homicide?

6. What are the best means to employ against criminal relapse?

An exposition of criminal anthropology was announced to be open during the session. We shall hope to notice the labors of this congress in our next number, and its labors cannot fail to be of substantial value to our readers and co-laborers.

DR. JOSEPH PARISH AND THE ENGLISH SOCIETY FOR THE STUDY AND CURE OF INEBRIETY.—Our worthy and gifted corresponding member, Dr. Joseph Parish, President of the AMERICAN ASSOCIATION for the CURE of INEBRIATES, was tendered a reception by the English Society for the Study and Cure of Inebriety, at the Dalrymple Home, Rickmansworth, England, on 19th September last. A large assembly of distinguished persons went up from London by special train.

Dr. Norman Kerr, President of the English Society, pre-

sided, and resolutions highly complimentary to Dr. Parish and the American Society were adopted.

It was a very high compliment to Dr. Parish and to the work of the society over which he has so ably presided.

The Earl of Shaftesbury.—England and the world loses by the death of this nobleman, the most conspicuous English name from the list of those who have been instrumental in lunacy reform.

For nearly half a century he has stood in the front rank of Englishmen who labored to ameliorate the condition of the insane in asylums.

As the head of the Board of English Lunacy Commissioners, he has been as well a careful observer, as an active participant in those changes in English lunacy laws, that have transformed the English asylums from their old-time abuses into the nobler stand they assume to-day.

However good, or noble, or useful this life has been in other causes and in other regards, it is here we place his most deserving and well-merited renown.

Dr. W. W. Ireland.—We are not surprised to learn that besides the English and American edition of the last work of this talented author, it is to be translated into French, and we do not doubt it will be into German. We clip the following from a Scotch newspaper: "A French translation of 'Blot on the Brain,' by Dr. Ireland, is being made by Dr. Dr. Edgar Berillon, of Paris, which will be introduced by a preface written by Dr. B. Ball, Professor of mental diseases in the University of Paris."

The Portrait of Louis Riel is furnished this journal by Harper Brothers, to whom we are under obligations for the favor.

Pasteur and Rabies.—The Newark cases sent out by the

contributions of citizens, to be treated by Pasteur, excite universal interest. The New York *Herald* gives much space to the details of the bitten children. Whatever may be said or thought of the merits of Pasteur's discovery, all must admire his modesty and ability.

The New York *Herald* says that at Paris, on December 10th, 1885, at the reception of M. Joseph Bertrand into the French Academy as the successor of M. J. B. Dumas, M. Pasteur presided, supported by M. de Lesseps, who has quite recovered from his accident, and the venerable savant, M. Chevreul. The great hydrophobia inoculator made a modest and effective speech. The first part was a delicate homage to M. Dumas, asking, "In one word, why did politics take him away from science?"

"This man was not of discussion but of persuasion. You, M. Bertrand, for a quarter of a century the colleague of Dumas, will not contradict me if I modify slightly what Arago said when Cuvier died, and say that Dumas' death dwarfed us all. You and he are personifications of what may be attained in our time by a laborious life. True merit in a true democracy is what you both represent."

Recent Legal Decisions.

Abortion.—Railing vs. Commonwealth of Pennsylvania, Pennsylvania Supreme Court, October 5, 1885.

Green, J.—"The Court holds that upon the trial of an indictment for abortion the dying declarations of the woman are inadmissible as evidence against the accused.

The rule admitting such declarations applies only to homicidal cases, and the offence of abortion (while the death of the mother or child constitutes an important collateral factor in establishing the offence charged) is not within the issue, and the facts constituting the offence cannot be established by her declarations."—*Albany Law Journal.*

Rape.—On trial for rape the prosecutrix cannot be asked whether she had previously had connection with a person other than the prisoner. Maryland Court of Appeals, Ghartger vs. State of Maryland, Robinson, Justice, S. C. 63 Maryland Reports, 149.

Liability of Physician for Error of Judgment.—Angeline M. Brown vs. Alfred E. M. Purdy.

The plaintiff recovered a verdict of $500 in the Superior Court of New York City, before Judge Ingraham and a Jury,

for damages alleged to have been sustained from defendant's sending her to the small pox hospital, as suffering from varioloid, when she claimed she had only eczema. Several physicians were sworn, and there was some conflict of evidence as to the facts. The defendants have appealed.

The legal principle involved is, that physicans who send their patients to the hospitals for infectious diseases are responsible in damages to the patient if they err, even in good faith, in their diagnosis. (New York Herald.)

Liability of Hospitals for Mistakes or Acts of Employees.—Daly vs. St Joseph's Hospital.

Malcolm S. Daly, aged 74, recovered a verdict of $1,700 in the United States Circuit Court, at Omaha, Nebraska, against the St. Joseph's Hospital, conducted by the Franciscan Sisters.

The facts proved that Daly, occupying a room in the hospital while under treatment for cataract, by an oculist, by accident or mistake one of the nurses dropped carbolic acid in his eye, which entirely destroyed it. Daly was a paying patient. The case attracted great attention, eminent counsel being engaged on both sides. (New York Herald.)

Telephone.—Judge Barrett held that communications made through the telephone were proper and legal evidence of declarations made by Ward to Fish, in the memorable trial of Ward, recently held in the New York Oyer and Terminer.

Age Does Not Disqualify as to Surrogates Holding Office.—The New York Court of Appeals held at the last term, that one is not disqualified from holding the office of Surrogate by being over seventy years of age. Case Lent vs. Carr, not yet reported.

Board of Health Powes in Illinois. Lucas *vs.* People *et al.*

Judge McAllister delivered the opinion in the case of Lucas R. Williams against the people and others. Williams was indicted in the criminal court for alleged violation of the act regulating the practice of medicine in Illinois. He pleaded guilty, was tried, convicted, and sentenced to pay $50 fine. He appealed the case upon the claim that he graduated at Rush Medical College, February 16, 1875, which the act was passed May 29, 1877, and that consequently the act did not apply to him Tho Board of Health granted him a certificate after the passage of the act, but subsequently, in 1880, revoked it. The appellant court reverses the judgment of the court below and remands the case. It holds that the statue of 1877, being penal, must be construed strictly. The State Board of Health was not a judicial body, and its powers did not exceed those conferred in the act. Under it its only powers related to those having none. As to the former its only duty was to verify the respective diplomas and indentify the persons claiming them. As to non-graduates the board had unlimited power. The right of the board to revoke diplomas went only to those who had certificates after examination. Williams had a diploma, and the board had the right to revoke his certificate. The Legislature could not have intended to invest the board with an absolute power over the reputation and fortunes of graduates of medicine, as no right of appeal was provided for. It never intended that the board should, by a fiat, say who should and who should not practice and strip them of the value of years of study. The case was therefore remanded.

Prof. Henry M. Lyman, of Chicago, communicates the foregoing decision clipped from the Chicago *Times*, and says: "If this decision stands it will deprive our State Board of Health of one of the most odious features of its administration. Hitherto there has been no redress from its decisions no matter how ararbitrary."

Criminal Liability of Ignorant Doctors.—The New York *Herald* gives great attention to the notice of recent decisions of the Courts, affecting public interest. We are indebted to its enterprise for the following case: "A physician, called to attend a sick woman in Worcester, ordered that she be clothed in flannel saturated with kerosene oil, and that the saturation be renewed from time to time. The direction was followed and caused the death of the patient. The doctor was indicted for manslaughter and convicted. The case was appealed to the Supreme Court of Massachusetts; that tribunal has just given an opinion sustaining the verdict.

The doctor offered some evidence on the court trial, that he had prescribed similar treatment, with favorable results, in other cases, but that in one the result had been to blister and burn the flesh. His counsel asked the trial

judge to charge the jury that if the defendant prescribed with an honest purpose and expectation to cure he was not criminally liable for the death of the patient, however gross his ignorance of the nature of the diseease or the probable effect of the remedy; that he could not be convicted of manslaughter without finding him guilty of 'obstinate, wilful rashness.' The Judge refused to so charge, and the ruling is affirmed by the Supreme Court. It holds that it is not necessary to show 'an evil intent' in the part of the doctor. If by gross negligence, recklessness or foolhardy presumption he caused he death he was guilty of culpable homicide. The defendant professed to be a physician. A physician of the most ordinary knowledge and experience is is expected to know the probable disastrous effect of the remedy prescribed in this case. 'The man who assumes to act as the defendant did must have done it at his peril. The defendant knew that he was using kerosene and saw from day to day how it worked. The jury has found that it was applied as a result of foolhardy presumption or gross ignorance, and that is enough.'"

Toxicological.

MEDICO-LEGAL SOCIETY OF FRANCE.

POISONING AN INFANT BY ITS MOTHER'S MILK.

At the August meeting of the Medico-Legal Society of France, an interesting case of arsenical poisoning of an infant by *M. Brouardel* was presented.

A man having failed in an attempt to purloin property from his wife and stepmother, was suspected of having attempted to poison his wife with *arsenic*, and of having caused the death of his nursing child.

The child had what appeared to be an attack of cholera infantum. Several days after the mother had been similarly attacked. As it was in the hot season, nothing unusual was thought of it. In November following, the mother and stepmother were similarly affected, when suspicion fell upon the husband.

The wife claimed to have found a white powder in his pocket, which proved to be arsenic acid (l. acide arsenique). Being called, I decided to bring the body of the child to Paris, exhumed after it had been buried six months.

Decomposition was so far advanced that I was unable to dissect the viscera, and it was therefore necessary to analyze the entire cadaver.

Its weight was about $2\frac{1}{2}$ kilog., and contained 5 millig. of arsenic.

I was convinced that the arsenic did not come from the linen around the body, or from the earth surrounding the coffin.

It was necessary, also, to determine how far the arsenic could be eliminated from the mother through her milk—a subject that had not been seriously studied at that time.

M. Gabriel Pouchet made some very conclusive experiments in that line. He gave to some nursing mothers in the Hospital Saint Louis, some drops of Fowler's solution (2–12), and found that under these conditions the mother's milk contained a relatively considerable quantity of arsenic. Thus the milk of one mother, who took 8 millig. per diem for 6 days, contained (1 millig. par 100 gr.) But this does not prove that it would have shown the same results if the arsenic had been given in a large dose, and there was no definite way to clear up this point, except by tests upon the female of animals, and even these experiments were not conclusive, as animals presented extremely variable susceptibility to arsenic.

It was ascertained by these researches that milk is a channel with decided predilection for arsenic, and that it would not be prudent to administer this agent to nursing mothers.

In the particular case in question, I certified that the body of the infant contained enough arsenic to kill a child a year old, and that it was probable, but not positive, that the vehicle by which the arsenic was communicated to the child was the milk from its mother's breast.

Neither the defence nor the prosecution seemed to comprehend what was fairly inferrable from this decision, and

the man was condemned to twenty years hard labor.—*Archives de Tocologie*, October, 1885. K. B.

Dog Poisoning,

Mr. Marcus Benjamin, of New York, contributes to the editor of this journal a communication from C. W. Volney, of Toms River, N. J., regarding dog poisoning, and the tests by which the arsenic was detected, which may be of interest to our readers.

Toms River, N. J., October 30th, 1885.

Dear Sir.—Before describing the manner in which I proved the presence of strychnine in a piece of meat, I will relate how it came in my possession. Although it was only a dog, or a number of dogs, which had been secretly done away with, it will shed a little light upon the practices of the "dog poisoner," which may prove interesting to you, the more so, as this fellow is generally not found out.

Last spring, the village of Toms River was the scene of numerous "dog murders." The poison was said to be strychnine, and it seems that for a number of years some persons had made it a practice to poison dogs indiscriminately, generally with strychnine. Owning dogs, I had been warned repeatedly. When the "epidemic" set in last spring, my dogs, during my absence, were kept in the yard. On the 21st of April, however, I thought it necessary to give them a run, and on this occasion my English deer-hound received a dose of strychnine, of which he died after a struggle of over two hours.

When the first symptoms of the poison showed themselves, we were about two miles from the village, in the thick bush, so we had to stand it as best we could, and the dog died.

A short time after this became known in the village, a gentleman handed me a piece of meat which had dropped accidentally from the trousers pocket of a person, in one of the saloons of the village.

It was a piece of beef, of the size of a pigeon's egg, dark with age, split in the middle, and a small piece of fat had been inserted in the split, which then had been closed again by pressing the sides together.

It was now, of course, for me very easy to suppose, that if this meat contained poison, that it would be strychnine, because my own dog had unmistakably been poisoned with that substance, and other dogs all over the village had, in their death struggles, shown the effects of the drug.

I naturally, therefore, directed my attention at once to this, and then produced the final reactions in the following manner:

The piece of meat was cut up moderately fine, and in a flask saturated

with water which contained about 0.5 grm. of oxalic acid, to which was then added three times the volume of the meat, of alcohol.

The whole was then heated on a water-bath to 70 or 80° C. for two hours, the liquid decanted, and on a water-bath evaporated to one-tenth of its volume, so as to be sure that the alcohol was evaporated.

To the residue was added water, in which I had dissolved some oxalic acid to dissolve the alkaloid, filtered, the filtrate neutralized with caustic ammonia, and evaporated on water-bath, to dryness.

The residue from this operation was extracted with chloroform, thereby dissolving the strychnine, if present ; cleared by pouring it through a small filter, and left to dry, the chloroform quickly evaporating.

The strychnine should now be in the residue left by the chloroform.

To prove its presence, I dissolved a portion of it in a few drops of concentrated sulphuric acid, and added to the resulting solution a small crystal of potassium bichromate.

The characteristic colors of strychnia appeared at once.

Around the crystal of bichromate appears first a narrow zone of dark blue, which turns into violet, thereby extending over the liquid; the violet turns into red, red brick color, yellow, and at last into a pale olive green.

The succession of these colors is very marked and can hardly ever be mistaken.

It is only necessary to take a part of the residue resulting from the extraction and evaporation with chloroform, as the reactions show themselves, even with a small quantity, very clearly. This test may be, therefore, repeatedly used; and if the quantity of the drug present permits it, the strychnia may be produced as such.

The described operations serve, first, to extract the alkaloid from the organic substance by the use of acidulated alcohol; this alcohol is then removed by evaporation, so as to bring merely the alkaloid in solution, when again acidulated water is employed, whereby fatty matter, etc., is left behind.

When such a solution is neutralized with an alkali, and treated with chloroform, this dissolves the strychnia, and leaves it upon evaporation.

THE WALKUP POISONING CASE.

Miss Minnie Wallace, aged sixteen years, on July 22, 1885 was married to J. R. Walkup, former Mayor of Emporia, Kansas, aged forty-nine, at Covington, Ky.

They went to Emporia to reside, where on August 15, 1885 Walkup was taken ill and died one week later.

At the inquest it was proved that the wife had bought arsenic at drug stores twice during the fatal illness.

An analysis was claimed to have been made, revealing a considerable quantity of arsenic in the stomach and liver of deceased, and his attending physician testified that he died from arsenical posioning.

The Coroner's jury found a verdict against the wife, who was arrested and lodged in jail. She had been under arrest since the death of her husband and did not attend the funeral. She was indicted for the murder, and tried before Judge Charles B. Graves and a jury. She was defended by William W. Scott, Esq., of Emporia, Thomas P. Fenlon, Esq., of Leavenworth, and Hon. George L. Dodds, of Mississippi.

Col. Feighan, the District Attorney, prosecuted for the State, assisted by John Jay Buck, Mr. Lawler and Mr. Sherry, of Emporia, the counsel being retained by the daughters of deceased.

The evidence showed clearly that the death was caused by arsenic, and the symptoms indicated arsenical poisoning, as did the autopsy.

The stomach was red and inflamed, and the inner coat of one of the larger intestines was eaten away. The liver was fatty.

Dr. Gardiner, the chemist who analyzed part of the stomach and liver, demonstrated arsenic in the liver. Prof. Jones, who analyzed a portion of the remains, found two and a-half grains of arsenic in the stomach, liver and blood. About half of the contents of the stomach were lost. Ten physicians, including those named, united in the belief that death was due to arsenic, and agreed that arsenic had been administered three times during the fatal illness, and that the fatal dose was given on Thursday before his death on Saturday, on the theory that arsenic in the stomach could not have remained there longer than thirty-six to forty-eight hours before death after taking.

The prosecution also proved that the wife purchased of druggist named Bates, on August 13, 1885, eight grains o-

strychnine and signed the poison record, stating that she wished it for a private formula of her own.

On the following Sunday she sent a servant with a note, stating she had lost the bottle of strychnine and wanted more, but the druggist refused to sell. She called next day and explained that she had got along without the strychnine, and did not ask for more.

The wife of this druggist is a sister of a former wife of Walkup.

On August 14th she attempted to buy strychnine of two other druggists, but obtained none, though she signed the poison record at one of the druggist's.

Mr. Kelly, a druggist, testified that she bought one-half ounce of arsenic of him on the Sunday before Walkup's death, signing the poison record, and stating that she wanted it as a cosmetic.

Mr. Ben Wheldon, another druggist, sold her four ounces of arsenic on Thursday before Walkup's death. She stated that she wanted to use it as a cosmetic, but did not wish people to know she used it.

Evidence was given that before Walkup's death he knew his wife had bought the poison, and the subject was discussed between him and his wife in the presence of his daughter and partner. The evidence showed fairly that the arsenic bought at Wheldon's was unused.

On Friday, the day before his death, Mrs. Walkup told a Mr. Severy that Walkup had attempted suicide a few days before with a pistol. That she heard the report, and found him with a pistol in his hand, and that he told her he had tried to shoot himself. Severy found the pistol-shot hole in the wall, and asked Walkup for an explanation, who said that he was loading his revolver and it exploded accidentally.

The case excited great public interest, which was not limited to the State of Kansas, where the trial was held.

This made a very strong case of circumstantial evidence against the accused.

She was a woman of great personal beauty. Her defense was that she purchased the arsenic for her complexion. The evidence showed that Walkup had been a constant arsenic consumer for years. That he was subject to frequent attacks similar to that from which he died.

That he had frequently taken large doses of arsenic. That he was of very dissipated habits, and he had eaten arsenic to relieve him from pains caused by his excesses.

That he was taken sick at Topeka on August 15, and came home sick. Several witnesses swore to having seen him take arsenic, and several witnesses, including physicians, testified that he had stated to them various occasions that he had taken arsenic and mercury in similar attacks, and that strychnine was a favorite remedy with him.

Dr. Filkins, Walkup's confidential physician, stated that Walkup said, August 15, that the attack was similar to one he had sustained two years previously at Topeka.

Dr. F. advised deceased to stop taking arsenic.

The medical witnesses for the defense swore that arsenic was a remedy for disease superinduced by excesses, and that arsenic could become encysted in the stomach and remain for a considerable time.

The accused was sworn in her own behalf, and passed a scathing cross-examination, stoutly protesting her innocence, and frankly acknowledging the purchases she made, which she explained. The jury acquitted the defendant.

The verdict seems to be in accordance with the evidence and legal principles. The evidence against her was purely circumstantial.

The jury gave her the benefit of that doubt which all unprejudiced minds must feel in such a case.

JOURNALS AND BOOKS.

THE INSANE IN THE UNITED STATES AND CANADA, BY DR. D. HACK TUKE, M. D., LL.D., H. K. LEWIS. London, 1885.

Americans owe Dr. D. Hack Tuke a debt of gratitude for embodying in a neat volume of 264 pages so much really valuable information as to the existing condition of the insane in so many of our American and Canadian asylums.

The first chapter of the work is a historical sketch of the early lunacy practice in this country, as also a beautiful tribute to the life, works and character of Benjamin Rush, M. D., of Philadelphia, who was certainly the most conspicuous of American alienists of his day. The volume is embellished with a copy of the oil painting of Dr. Rush by "Sully" now in the possession of the General Hospital at Philadelphia. This is the portrait furnished Dr. Richardson, of London, by Dr. Weir Mitchell, which appeared in a recent number of the *Asclepiad*.

Dr. Hack Tuke shares the high opinion everywhere entertained for Rush in this country, and his review of his life, merits, character and labors, is a beautiful tribute to the memory of the ablest alienist of his time on this side the Atlantic.

The second chapter of the work is devoted to an able

resumè of the "Provision for the Insane in the United States from 1752 to 1876."

It traces the progress of lunacy management in asylums during this period from the first institution, in 1773, at Williamsburg, Va., down to the splendid structure erected in New Jersey, at Morris Plains, in 1876.

Chapter third is devoted to the present condition of the insane in the United States, based upon his personal observation, visits, and careful inspection of many of our largest institutions in the Eastern, Western and Middle States.

He speaks in detail of the general management and treatment, as he saw and observed it, and gives considerable space to restraint, seclusion, suicidal cases, medical treatment, female physicians, employment, recoveries and deaths, with a keen and careful analysis of what he observed.

Lunacy Legislation occupies considerable space, and he contrasts the law and practice in several of the States as to Admission Trial by jury, the Massachusetts law, State Board of Charities in New York and Pennsylvania, Provisions for chronic insane and the advance made in asylum construction in Michigan, Illinois, Wisconsin, Pennsylvania, New York, New Jersey, and at Washington, D. C.

He contrasts the relative merits and demerits of American and English asylums with great fairness and quite remarkably, without prejudice, his views are entitled to great consideration and weight by the superior knowledge his great experience has given him at home and in our country to make such contrasts and comparisons.

Chapter IV. is devoted to a sketch of his visits to the principal asylums by him visited, embracing the leading Institutions in the Eastern, Middle and Western States.

He summarizes this visitation as follows:

As this is the last State * the figures of which I give in relation to the provision for the insane I would add that, throwing together the figures of all

* Maryland.

the States visited, the result shows that there were at last census 44,824 insane. Of these there were in hospitals for the insane and asylums 22,798, and in almhouses 5,531. There were 57 in jails, 90 in charitable institutions, while 16,348 were at home. In the same States were 25,605 idiots, of whom 421 were in hospitals for the insane and asylums, 2,406 in almshouses, 24 in jails, 124 in charitable institutions, 1,514 in institutions for idiots, and 21,116 at home.

The figures, although they accord in their general character with those obtained from the aggregate census for the whole of the States, show some difference in a favorable direction, seeing that more than one-half were under care in hospitals or asylums for tho insane. I am surprised, however, that in the States which I visited, the proportion of the insane in almshouses is as high—namely, 10 per cent.—as in the total number of States, The number at home or in private families were 22 instead of 44 per cent.; favorable by comparison, but still a large proportion.

The total population of the States I visited was, in 1880, 19,364,206, and as the number of insane and idiotic in these States amounted to 70,429, there was 1 person of unsound mind to 274 of the general community—a somewhat higher proportion than that in the total States. (Appendix C.)

In England and Wales the proportion of insane in hospitals and asylums (including idiots) in 1884 was 70 per cent. The number in ordinary workhouses was 15 per cent., or 5 per cent. higher than in the States. I think it may be said that our workhouses are, as a rule, fit receptacles for the class of patients sent there.

Chapter V. is devoted to the insane in Canada. The condition of the insane in certain of the Provinces is extraordinary as given in his report, at The Longue Point Asylum, Montreal, and the Beauport Asylum, of Quebec.

These revelations must send a thrill of horror throughout all christendom, and should reach the ears of those who manage and control these institutions. A full resumè of the Canadian asylums is given, with appendices of tables showing valuable statistics and data as to the asylums and their medical superintendents, the total number of insane in each of the United States, and a tabulated statement of restraint and seclusions in twenty hospitals in 1882,

as also the number of idiots not classed as insane in this connection and in training schools.

All in all, the book should be in the hand of every asylum superintendent and be read by every one interested in lunacy and lunacy reform. We congratulate Dr. Tuke on his work, and the American superintendents on a compilation of so much real value to them from the pen of so distinguished, as well as so careful, fair, and painstaking an observer.

The Journal of Heredity. Mary Weeks Bennett, M. D., Editor, *Chicago, Ill.*—Vol. 1 No. 1 of this journal is on our table. We are glad to welcome this new journal. It is ably edited, and announces a discussion in this domain of scientific inquiry on a high plane. Anthropology and sociology will be directly as well as collaterally treated. It has able names among its contributors, and announces for the coming papers, Dr. Jenny McCowan, of Iowa, Dr. Crothers, of Hartford, and other well-known names. We believe the success of such a journal is assured if it keeps half the promise of its initial number.

Lawyers Co-operative Publishing Company.—This company has lately removed from Newark, Wayne county, New York, to the city of Rochester, N. Y., and the business modified to the publication of a series of *Reporters*, issued in serial form that will report the decisions of the Supreme Appellate Courts of all the leading States of the Union.

1. *The New England Reporter*, edited by James E. Briggs, Esq., for New England States.

2. *The Western Reporter*, Robert Desty, Esq., editor for Ohio, Indiana, Illinois and Missouri.

3. *The Central Reporter.*—Benjamin Vaughn Abbott, Esq. Editor for New York, New Jersey, Pennsylvania, Delaware, Maryland and District of Columbia. These serials are sent to

lawyers for five dollars per annum, either as they appear or in bound volumes at the end of the year, and of the size of the usual reports. We know of no easier, and certainly of no cheaper way of obtaining current legal decisions of the highest State Courts than to subscribe for these Reporters, and we do not doubt the profession generally will avail itself of the offer this enterprising company make.

THE BLOT UPON THE BRAIN, by W. W. Ireland, M. D., Edinburgh, Scotland. 337 p. New York, G. P. Putnam's Sons, 1886. Dr. Ireland has the peculiar faculty, or we may say gift, of writing upon scientific subjects in a style as pleasing to the popular taste as to the scietiffic observer.

His articles on Hallucinations when they appeared in the scientific journals treating of Mohammed, Luther, Swedenborg and Joan of Arc, interested and delighted many readers, who would not have studied the merely scientific aspect had it not been for the charm of his style, and the interest he threw over and about his subject. These papers are the basis of the first three chapters of his recent work.

He devotes as many papers and nearly double the space to the Insanity of Power, in which he draws largely upon the eccentric names of old Roman rulers, the Sultan of India, on Ivan, the Terrible of Russia, and the royal names of the throne of the country, as well as St. Francis Zavier, whom he styles the Apostle of the Indies. These pages have all the charm of a novel, and the lives of the rulers whose characters are historic as seen through the lens, Dr. Ireland holds to our sense will be as delightful and valuable to the general student as to the alienist, the neurologist, or the specialist in psychiatry.

He has given us in the work several other pages on various subjects of interest, which we lack space to review even briefly. We notice that "Thought Without Words and the Relation of Words to Thought," on "Left Handedness and

Right Headedness," and on "The Dual Functions of the Double Brain" are well worth the careful study of all students of this science. It is a handsome volume, and the American publishers, G. P. Putnam's Sons, will no doubt realize a fine sale on the volume.

STATE COMMISSIONER IN LUNACY—REPORTS FOR 1883 AND 1884.

In 1874, when important changes were made in the Lunacy Statutes of New York, the office of State Commissioner in Lunacy was created, who was to be appointed by the Governor, for a five years term at a salary of $4,000 per anumn and travelling expenses.

This officer is required to make an annual report to the Legislature on or before the 5th of January in each year, as to the condition of the insane and idiotic in the State, the management and conduct of the Asylums, public and private and other institutions for their care and treatm ent. He is clothed with power to investigate the general management and administration of any Asylum or Institution, and to call on the District Attorney of the County who is bound by law to appear at such examination and examine the witnesses.

He has power to compel attendance of witnesses, and production of papers, to administer oaths, conduct an investigation, and to make an order designating any modification he finds necessary to be made in the management or treatment of the insane, addressed to the Superintendent and management of such Asylums, specifying what changes he orders to be made, with power to invoke the authority of the Supreme Court, to enforce his orders if the same are ignored or disregarded regarded by Asylum authorities.

All County houses or City Alms houses are required by law, to make annual reports to this official on or before November 15th in each year; as to the number of male and

female, insane Idiots and epileptics in their custody on the 18th November preceding the report, with a statistical exhibit of the number of admissions, discharges and deaths during the preceding year, and the average weekly cost of their maintenance together with the actual condition o those discharged and the causes of deaths which have occurred.

The power of investigation and inspection is vested in this officer, and he was at first made ex-officer a member of the State Board of Charities, which was subsequently but very improperly, and as we think improvidently repealed, by the Legislature in a modification of the law the effect of which was doubtless misunderstood.

He should have the power to discharge any person illegally restrained, or any person confined who was sane, or where confinement was an injury, and the patient harmless, which the law does not give him. This Legislation was an attempt to give us some of the benefits of the English system of Lunacy Commissioners, but while it created the office, it was but one Commissioner with only limited powers, with a small salary, and the act as framed made the institutions, quite independent of his authority in case of conflict, which was a serious and grave mistake on the part of the Legislature.

One of the benefits of the law was the valuable data and information to be derived from the Reports which have been annually made since this act went into effect, and which under the intelligent and pains taking labors of the present official Dr. Stephen Smith, are beginning to show very important results. They now furnish by far the most reliable data as to the actual condition of the insane in public and private institutions that we can have access to in the State of New York.

The report for 1882, submitted January 1, 1883 to the Legislature was a volume of 272 pages and took up the ques-

tions of Restraint ; employment of the Insane, Scientific work in Asylums, Female Physicians and Analysis of the Statistics in a careful and able manner.

The Report for 1883 is a more valuable document, and grapples with many of the questions that are uppermost in the public mind. It is a volume of nearly 500 pages, and contrasts markedly with the earlier reports of his predecessor containing more information in a single year than could be found in three or four of the earlier annual reports.

The Report 1883 shows 15,000 Insane in the State of New York, with a strong ratio of increase; and the need of modifications in the Lunacy Statutes was strongly urged.

Of these 11,343 were in institutions, and between 4,000 and 5,000 in family care.

The Report of 1884, submitted January 1, 1885, showed 12,231 in Institution with a total in the State of between 16,000 and 17,000 Insane,

There are forty of these institutions, exclusive of Poor Houses and City Alms Houses, in the State.

The present plan of visitation, is to visit the four State Asylums for acute insane quarterly, for the chronic insane twice each year at least, the County Asylums, once or twice a year, and the Poor Houses annually.

A mere statement of these facts serves best to illustrate how far short of what proper visitation by Lunacy Commissioners of all the Insane should be, and how it would be physically imposible for any one, or even four officers to make such a complete and perfect visitation as that required by the Board and Lunacy Commissioners in Great Britian for example. The duties of the officer and his power should be vested in a Board of at least five members, and the powers enlarged to certainly equal those of the English Lunacy Commissioners. Probably no single officer will be found, who is more dilligent and faithful in the matter of personal visitation and inspection than the present Commissioner,

but he can not work impossibilities, and is not responsible for the defects in the present law.

The proper duties of a Commissioner, require more of his time, in examination into the management of institutions, the care, food and etc. of inmates, the condition of wards, and suggestions as to the administration, than to interviews with or examination into the cause or complaints of the insane theselves, and a Board of five well selected, of men of highest attainment, should be certainly employed to properly and systematically do this work.

The present law gives the State Commissioners in Lunacy the power to establish the form of the Certificate in Lunacy, to be made by medical examiners in the State preliminary to commitment.

It is a source of surprise that Dr. Smith has not made changes in the form of the certificate, so as to bring it nearer what it should be, and what by law he has its power to fix. The certificate could be made more different and detailed, and nearer to the English form, or that of the New Pennsylvania Statute with marked benefit.

It should be so framed as to describe the kind and character of insanity, its inception whether suicidal or homicidal, when and how observed and should we think, compel the examing officer to describe in detail the facts as he observed them, and what is based on information derived from others with the source of information.

The Report for 1884 we have not been able to see complete, and we shall look with great interest on the Report for 1885, which is to be submitted early in January, 1886.

The latest points in the reports however show the following as necessities.

1. The Lunacy Statutes need revision and modification, which would best be done by a Commission, appointed for the purpose by the Legislature or the Governor.

2. A State Board of Lunacy Commissioners should be

created with greatly enlarged powers, and a salary provided for its head, sufficient to enlist the highest ability in the State and insure thorough inspection, visitation and supervision of every detail of management; with power, to remove any employee or official for misconduct or dereliction of duty, under such restrictions as would protect good officers, in discharge of duty and render bad ones, subject to the responsibility of a competent State tribunal and authority for neglect of duty or malfeasance in office.

Reports of Trials by Poisoning.—By G. Latham Brown, Esq. and C. G. Stewart, Chemist. Stevens & Sons, 119 Chancey Lane, London. 604 pp.

It is an admirable idea that in preparing a report of important public criminal trials for poisoning, an attorney and a practical chemist should unite in the labor. Mr. G. Latham Brown, of the English bar, is admirably fitted for this work. While Mr. Stewart, from his practical experience as Senior Assistant in the Laboratory of St. Thomas Hospital, is also well equipped and qualified to show and illustrate the medical evidence, in the trials reported.

Mr. Stewart has, beside his own experience, consulted the ablest men of his own time, as well as standard authorities, which he acknowledges in fitting ways.

As an introduction to the work, the first chapter is devoted to a resume of deaths from poisoning, with their symptoms, phenomena, and a careful description of the nature and action of the active sudden poisons, with their re-agents and some of the leading tests.

The first cases reported are those of John Tawell, for the poisoning of his mistress, Sarah Hart, and George Ball, a surgeon, for the murder of his mother by negligent administration of an overdose. Both these cases were deaths occuring by Prussic Acid.

The former occurred in 1845. The latter in 1860. In the

first case the poison was given in beer. The evidence was circumstantial. The chemical evidence was by Mr. Cooper, the analytical chemist and lecturer on Medical Jurisprudence, and his son Joseph Cooper, an assistant in making the analysis.

The remarkable point in the evidence was the absence of the well-known smell of Prussic Acid in the chemical tests, though otherwise clearly detected.

The jury convicted. The defendant before execution confessed. In Ball's case, he was acquitted, the jury not believing the crime intentional. The chemical notes on Prussic Acid following these cases are most elaborate and valuable :

The cases of poisining by strychnia are those of William Palmer for poisoning John Parsons Cook, tried in May, 1856.

Wm. Dove, for the murder of his wife, tried in July, 1856, and Silas Barlow for the murder of his mistress, Eliza Soper, tried in 1876. The first is the more important on account of the wide conflict of the expert medical evidence. Palmer was a surgeon and Cook a solicitor by profession.

The question was whether the death was by poison or tetanus. Dr. Todd, Dr. James Blizzard Curling, Sir Benjamin Brodie, Dr. Damill and Samuel Solly, of St. Thomas Hospital, among others, were of the opinion death was due to the poison. The leading witness for the Government was the famous Alfred Swayne Taylor, analytical chemist, who made the analysis of the stomach, and attributed the death to strychnia, though he found no trace of it in the analysis, he was corroborated by Dr. Rees, Professor Brande and Professor Christison.

There was this other question raised by the defence. If strychnia had been given could it not have been discovered by the chemical analysis ?

The medical evidence of the defense was very strong. Mr. Mennelly, Dr. Letheby, Mr. William Herapath, Professor

Partridge, of Kings College, who attributed the death to tetanus, and some of whom were analytical chemists of renown denied the possibility of poisoning by strychnia, without its discovery by the analysis, Dr. Herepath, Prof of Chemistry and Toxicology sworn: "I am perfectly sure I could detect the 50,000 part of a grain if mixed with organic matter."

"If I put 10 grains in 70,000 grains of water I could discover its presence in the tenth part of a grain of that water."

Benj. Ward Richardson attributed the death to Anguina Pectoris. He was of the opinion that strychnia, if causing death, should be shown by the analysis.

The defense called Dr. Edward Gay, Dr. Wm. Macdonald, who attributed the death to tetanus, and cited analagous cases, from their own observation:

The defense relied—

1. On the medical evidence showing death from tetanus or natural causes.

2. The failure to detect strychnia in the analysis.

3. The similarity of symptoms of death to those of tetanus.

The Judge charged against the prisoner. The facts in the case outside of the medical evidence being strong against him. The jury found him guilty. The prisoner protested his innocence, claiming Cook was not poisoned by strychnia, and Sir James Fitz James Stephens in commenting on the case, cited by the author says:

"I have reason to know that he (Palmer) was anxious that Mr. Herapath should examine the body for strychnia, though aware he could defect the 1-50,000th part of a grain. He may have discovered some way of administering it which would make detection impossible. There was a doubt in this case as to the real cause of death, though the circumstances were very strong against the prisoner, he having bought strychnia. Dr. Gay suggested that it might have been morphia introduced into the pills given.

The case of Dove, for murder of his wife, showed in the post mortem every symptom of strychnia, as did the chemical analysis. It would seem that the publicity attending the Palmer trial, had suggested the means to Dove, and he was proven to have bought the strychnia and to have administered the medicine to her. The death was characterized by every symptom of poisoning.

Prof. Christison, Mr. Mennelly and Mr. Morley, the medical and chemical witness, attributed the death to strychnia, as did other medical men. The defense was insanity.

Dr. Caleb Williams, for thirty years medical attendant at York Asylum, Dr. Pyeman Smith, of Leeds Lunatic Asylum, and Dr. Kitchen, of York Retreat, were sworn :

The former was decidedly of opinion that Dove was insane.

A letter was found on his person written in his own blood, addressed to the Devil.

Dr. Pyeman Smith swore that Dove was of unsound mind, but on cross-examination admitted that Dove did know right from wrong, which he qualified on his re-examination as follows :

"A decided lunatic very often knows right from wrong, and yet may be regardless of any consequences from his acts. *He may be utterly unable to refrain from doing an act though he knew it was wrong.*

I cannot say the prisoner was utterly unable to refrain from wrong during the fatal week.

The Judge, however, was not satisfied with this character of evidence.

Dr. Kitchen swore that Dove was of unsound mind during the fatal week. The reporter says : "He, however, admitted that *during that period he knew right from wrong, had some knowledge of the difference, some knowledge that he was committing murder, and that if found out he would be punished.*" This admission he sought to explain away on re-

examination, protesting that what he meant was "that Dove knew he was killing his wife, but did not know he was doing a wrong act, that he would know in proportion as he knew the difference between right and wrong." We quote:

Questions by a juryman.—"Do you adopt the theory of Dr. Smith as to irresistible propensity in mania?'

Answer.—"In general terms I do."

Question.—"Do you adopt it in this case?"

Answer.—"I do not. I account for the murder, if he committed it, on different principles. We have a man of deficient mental powers; besides that he is insane; he is liable to do any absurd, cruel, or irrational action that presented itself to his mind, as his life shows. Supposing him to be insane, I should apply the term *vicious* or *malignant* to him. We have heard, the evidence, that he was brought up by pious parents, put to the best schools, and was unable to receive the smallest amount of education. We see him carried away to do the most foolish things. Where he loves, he loves with a foolish intensity; and where he hates, he hates with a foolish maliginity, and if a woman puts herself into the power of such a man as his wife, what has happened is just what might have been expected."

To Mr. Overend—"*I think he knew right from wrong—that it was wrong to steal or murder.* If he murdered, I should expect him to deny it in that form of insanity. In one form of insanity, impulsive madness, they own their crime. This case was only partly impulsive, and I should not expect him to divulge it. If he thought of this crime before he committed it, he would know it was wrong. He probably would learn it was wrong in his childhood. It is impossible to say when he committed the act he knew it was wrong. I don't know when he would know it was wrong. I can give no opinion about it."

On re-examination, he said:—

"There are dangerous wards in some asylums, but I should not expect to find the grertest numbor of impulsive cases in that ward. Sometimes impulsive lunatics are dangerous. The keepers have an influence over them—a mental influence. They formerly worked on their fears, and thus kept patients under control. There is a madness which consists in a *propensity* to kill. If a stranger was left with such a one in a room alone, I should expect him to exercise his *propensity* and kill him; and yet, probably, that patient would yield his keeper obedience. Probably the fear of some chastisement would induce fear of his keeper."

Baron Bramwell charged the Jury strongly against the accused in quote following extracts from his charge.

"The rules of law," said the learned Baron, "are that it must be clearly

proved that, at the time of committing the act, the party accused was labouring under such a defect of reason, from disease of the mind, as not to know the nature and quality of the act he was doing; or, if he did know it, that he did not know he was doing wrong. If the acused was conscious of the act he did, he is punishable; and what you have to consider is, had he sufficient degree of insanity to know he was doing wrong? With respect to delusions the law is the same. According to the law, as I lay it down to you on the highest authority, to exempt a man from the penal consequence of his act, the act being contrary to the law, you must be of opinion that at the time he did the act he was not conscious that it was one he ought not to do: for if he was conscious that it was contrary to law, he is punishable. You must be satisfied that he had not a sufficient degree of reason to know that he was doing an act that was wrong—of course that means an act prohibited by law; because a man might imagine that the thing was a right thing to do, and it might not be contrary to law. He might think it right to take from the rich and give to the poor. But if he did it, not knowing it was wrong, he must not know that the thing which he did was what the law would punish him for. It is not necessary for me to justify the law, or for you to approve it. We have only to administer it. Don't however, suppose for a moment that I doubt the reasonableness of it.

If you punish an insane man, you hold out no example, because you are punishing a man who thinks he is doing right. But take the case of a man who is labouring under a delusion—under an evil propensity. If you punish him when he does wrong, or any other person with a similar propensity to commit that offence, and he knows, that when he indulged in it, or that when somebody else did, he was punished for it, that will deter him from repeating or from doing that act. Take the case of a man who has a strong propensity to thieve—a strong desire on him to do it; his intellect not very strong, and he knows that he is punished if he does such an act; do not you think, if he is punished, it will deter him from doing it again? There cannot be a doubt that it is; and if you were to announce to all the world, that a man who has a strong propensity to evil, that a person in his condition, shall not be punished, you take away from such persons the only thing that would deter them from committing the evil Take a man of a weak mind and strong animal propensities and it will not deter him from committing such an act.

Again, after going carefully through the evidence in the case, and pointing out the application of the different classes of proofs, the learned Baron said that "he thought none of the instances of strange conduct adduced when the prisioner was a boy evidence of insanity more than might be found in the conduct of a perverse, ill-conducted boy;" and contrasted the opinions of the witnesses as to his being almost an idiot with the letters written by

him, which exhibited no traces of mental incapacity.* In commenting on the opinions of the medical men of experience in insanity, he adopted the judgment of Dr. Lushington in the Dyce Sombro case, "that the facts to which they depose, and not their opinions alone, were of weight;" and added "that he sincerely believed that the jury were as capable of judging as these mad doctors."

"Two of them," continued the learned judge, "were of opinion that the contemplation of a crime constituted insanity, if it were only contemplated enough. Then it was said that a man who had a propensity to vice, to cruelty to crime, was insane. Take the case of a man found guilty at these assizes of a crime. It is found that he has twice been convicted before and in prison half a dozen times, and that he has a general propensity to commit crime. In such a case, why should not Dr. Williams come forward and say. "You are wrong. He is insane; you ought not to punish him." If they believed these experts you would take away protection from the community because they would have a check less to prevent the commission of crime. It would be affectation in him to say that he did not set a value on this scientific evidence. But he would rather take his own independent opinion, than that of others, on the facts. But it was not for him to do more than comment, and for the jury to judge of its value—of the conduct of the prisioner, of his letters, and of the arguments before them."

After a brief consideration the jury returned a verdict of "guilty, but recommended him to mercy on the ground of his defective intelleet." Sentence of death was passed on him, and he was executed at York.

There can be no doubt whatever of the insanity of Dove, and his execution, beyond question, is another one to be added to the list of the insane executed for homicide under the peculiar provisions of English law.

The next case of poisoning by strychnia was that of Silas Barrow, for the murder of his mistress, Eliza Soper, tried before Mr. Justice Denman and a jury, November, 1876. The analytical evidence was given by Dr. Lees and Dr. Lewis, who made the post mortem; Dr. A. J. Bernays, Professor of Chemistry, at St. Thomas Hospital, who made the analysis,

* Baron Bramwell especially called attention to the letter of the prisoner to his mother of the 20th of February, describing his wife's first attack [see *ante*, note p. 237), and that to the Witchman, Harrison, asking him, in replying about his nativity, to "write in milk, or lemon, or anything else that would not show till put to the fire."]

and by Dr. Thomas Stevenson, of Guy's Hospital, who corroborated the medical evidence. The medical evidence left the case in grave doubt, but the jury convicted and Barrow was executed, admitting his guilt.

Arsenical Poisoning.—The cases reported are those of Madeline Smith, for the alleged poisoning of her lover. The analytical evidence was given by Dr. Perry, of Glasgow, who found arsenic in sufficient quantity to destroy life. This was corroborated by Prof. Christison, who made an analysis of parts of the body, stomach and intestines.

The prisoner was most ably defended by the Dean of the Faculty, Mr. John Ingles, Mr. G. Young and Mr. John Moncrieff. The case was tried at Edinburgh, Scotland, in June, 1857, and the verdict was not guilty on the first charge, and not proven under the Scotch law; on the second and third charges by a majority of the jury on each charge.

The second case was that of Ann Merritt, tried at the Old Bailey, March 1850, for the murder of her husband. The analysis showed that death was due to arsenic. The important question in the case was as to the time of its administration, on which there was grave doubt. The judge charged strongly in favor of the accused, but the jury found her guilty, with a recommendation to mercy, and she was sentenced. On recommendation of medical men the Home Secretary commuted the sentence to penal servitude for life.

The cases of poisoning by antimony cited are three:

1. That of Dr. Pritchard, of Glasgow, tried in July, 1865, for the murder of his wife and her mother by antimony and aconite, who was convicted and executed, and subsequently admitted his guilt.

2. That of Dr. Smethurst, (the Richmond poisoning case) tried for the murder of his mistress, by small doses of antimony and arsenic, in 1859, where, after an exciting and

closely contested trial, with conflicting evidence, the jury found a verdict of guilty.

The verdict was assailed by both the legal and medical professions. The Home Secretary, Sir G. Cornewall Lewis, granted a reprieve, on a careful examination. Numerous statements and the evidence were referred by the Home Secretary to Sir B. Brodie. His reply has not been reported that we are aware of, but Sir James, Fitz James Stephens, says of this report, that it

Dealt not only with the medical, but the moral evidence of Somethurst's guilt,* concluded in these words: "Taking into consideration all that I have stated, I own that the impression on my mind is that there is not absolute and complete evidence of Somethurst's guilt." Thus on evidence not subjected to the searching cross-examination which it could have received if produced at the trial, and the opinion of a most eminent surgeon (not an analyst) merely on reading the papers submitted to him, the prisoner was pardoned. "The responsibility," says Judge Stephen, "was thus shifted from those on whom it properly rested on to a man, who, however skillful and learned as a surgeon, was neither juryman nor judge." †

3. The case of Theo. Waislow, trial at Liverpool, August, 1860, for poisoning of Ann James by antimony, which resulted in an acquital.

The case of poisoning by aconita or aconitine, known as the celebrated Wimbledon poisoning case, Dr. Lawson, charged with poisoning his brother-in-law, Dr. Percy Malcolm John, and tried before Mr. Justice Hawkins, at the Central Criminal Court, in March, 1881. The medical evidence was given by Dr. Berry, of Wimbledon, Dr. Little, Mr. Bond, who made the post mortem. The analytical and

[* "There were," says Judge Stephen, "*fourteen* reasons in all assigned by Sir B. Brodie, *six* in favour of the prisoner, and *eight* against him, of which only *two* of the first and *four* of the second proceeded on medical or chemical grounds. Until these are published it is impossible to judge fairly of Brodie's opinion."

† *Stephens Hist. Crim. Law of Eng.*, iii., 465.]

chemical evidence by Dr. Thomas Stevenson, lecturer on Medical Jurisprudence and Chemistry, at Guy's Hospital, and examiner in Peforesic Medicine, at the London University, Dr. Dupre, chemist, who fully corroborated Dr. Stevenson's evidence.

This case was in every way remarkable and unique, and the scientific evidence was given with distinguished ability.

The verdict was guilty, the prisoner protesting his innocence before God.

On the request of the American Government the Secretary suspended execution to consider evidence to be forwarded from America as to the mental state of the accused. A mass of affidavits were submitted, showing his remote ancestors to have been in lunatic asylums, and a history of his life, showing quite conclusively his insanity, a resumé of which is given in this work.

The Home Secretary decided it insufficient, and it is doubless true that if this evidence had been used at the time the jury, as in the case of Dove, would have held it not to be a defence, and Lawson was executed in the succeding April.

Archives de l. Anthropologie Criminelle et des Scientas Penales.—We have received the prospectus of a new journal, the first number of which is announced for January 15, 1886, and which will appear bi-monthly, published at Lyons, France.

Its editors are to be: A. La Cassagne, Professor of Medical Jurisprudence, R. Garraud, Professor of Criminal Law, and Henry Contagne, all of Lyons, France.

The colaborators are from very distinguished names among which we notice E. Von Hoffman, of Vienna, Lombroso and Ferri, of Italy, J. Von Maschka, of Prague, Beltrani Scalia and Bodio, of Italy, Gosse Ladame and

Gretener, of Switzerland, Von Liszt, of Germany, and Vleeminckx, of Belgium.

The subjects announced will be worthy the attention of students of medical jurisprudence everywhere, and we shall hope to give extended notice of its papers, as it is so closely allied to the field of forensic medicine, in which the MEDICO-LEGAL JOURNAL takes deep interest. F. W. Christern, 37 West Twenty-third street, is the agent for the journal in New York City.

THE CRIMINAL RESPONSIBILITY OF THE INSANE.—By Chas. J. Cullingworth, M.D., late Lecturer on Medical Jurisprudence, Owens College, Manchester, England. Dr. Cullingworth has sent us a reprint of his recent introductory address upon this subject at the Owens College, Manchester.

He has chosen a subject for which his labors of the past seven years has especially fitted him in the chair of medical jurisprudence.

He reviews the present state of the law of England on the legal tests of insanity. Commenting on Arnold's case for shooting Lord Onslow, tried in 1723, Hadfield's case for shooting at the King in Drury Lane Theatre, who was defended by Lord Erskine in 1800; Bellingham's case for shooting Prime Minister Spencer Percival, tried in 1812; the McNaughton case, who murdered Mr. Drummond, whom he mistook for Sir Robert Peel, defended by the late Lord Chief Justice Cockburn, who was acquitted as insane in 1843. He reviews the action of the Judges on the parliamentary questions; the labors and writings of Sir James Fitz James Stephen; the Russel-Gurney bill, introduced into the English Parliament in 1874, and the gradual advance and growth of public sentiment in favor of a more humane and charitable view of the responsibility of the insane. He also cites the recent cases of William Gouldstone and James Cole, which have excited such interest both sides of the Atlantic,

and condemns the present English law as not up to the requirements of the age, or the civilization of our time. He favors:

1. The abolition of the present test of knowledge as to right and wrong.

2. A provision in future legislation for idiots and imbeciles who are not, as he claims, protected under existing laws.

3. Provision for various forms of verdicts to suit cases: *a.* Whether the person committed the crime. *b.* As to the mental state of the accused.

4. Two experts, to be named by the State, should be required to institute an inquiry into the mental state before trial.

Dr. Cullingworth handles the subject ably, and we quite concur in many of his views and suggestions. He quotes Isaac Ray's treatise and Dr. Buckham's late work, but wholly ignores the recent papers in this country upon this subject read before the Medico-Legal Society, and the very able discussion of the questions involved, and the various contributions of American writers and authors upon these topics. He seems also to have ignored the French, German and Italian writers, and to have considered it from an English and insular standpoint, quite too narrow, now that many countries are considering a revision of their lunacy statutes, and great interest is felt in it in Continental States, some of whom have already obtained more advanced ground than Dr. Cullingworth even hopes for in England.

We regard Dr. Cullingworth's view as to the relation between insanity and epilepsy as valuable and important. He presents forcibly the suddenness and violence of the attacks in such cases, explaining its obscurity and unrecognizability, even by persons of no small experience, explaining cases like that of Dr. Beach and others of that character.

The paper is entitled to consideration in the pending dis-

cussion as to the necessity of a radical reformation of the criminal law in regard to legal tests of insanity and responsibility for crime in England, and in all countries under the influence of English law.

Books, Pamphlets and Journals Received.

We have received a large number of Books, Pamphlets and Journals since our last issue. The formal acknowledgment of these is unavoidably crowded out of this number, but will appear in our next. Many journals, purely medical, have been received, soliciting an exchange.

The pressure for exchanges upon us is such that we are reluctantly obliged to decline ; but we will exchange with any Medical or Law Journal who will publish our advertisement and review this journal, sending us a marked copy. We shall also, in such cases, donate the complete volume sent us to the Library of the Medico-Legal Society, which will place it before the medical profession and the bar of this city.

NOTICE.

Back Numbers of Medico-Legal Journal.—We have more demands for Nos. 1 and 2, of volume I., than we have been able to fill. Both these numbers are out of print. Members of the Society, or others having either of these, will confer a great favor by sending them to the editor of the Journal. We are willing to pay $1.50 each for them to fill orders already received.

If we can receive fifty more orders for these numbers at that price we will undertake to have them republished.

All members, subscribers and public libraries, wishing to complete full sets of the Journal from the commencement will please send in their orders without delay. Newly elected members and recent subscribers may desire them to complete their full sets.

THOMAS R. BUCKHAM, M. D.

Dr. Buckham is a native of Scotland, whence he emigrated with his father in 1831 to Toronto, Canada, near which city his infancy and early life were spent. He chose the medical profession, and graduated from the Victoria University in 1856. He later, in 1876, received the diploma of the College of Physicians and Surgeons of Ontario, Canada. Dr. Buckham held civil offices in Canada, was a Master Extraordinary in Chancery, Commissioner of the Court of the Queen's Bench, Notary Public, and Justice of the Peace; appointments for life or during good behavior there, not usual to be held by medical men, but for which he was peculiarly fitted.

Removing to Petrolia, Canada, he built up there a successful practice, from whence he moved in the early part of 1868 to Flint, Michigan, where he still resides.

He was tendered a public dinner by his friends and leading citizens of Petrolia on leaving that place.

In 1874, when a delegate to the American Medical Association, he read a paper at its session in Detroit, on "*Toxæmic Effects of Urea.*" Re-elected a delegate, in 1877, he read at the session at Chicago a paper on "*Medical Testimony,*" with "*Special Reference to Cases of Insanity,*" which attracted marked attention throughout the country.

Dr. Buckham possesses a keen analytical mind, is a close student, a forcible and elegant writer, and has won his way into the front ranks of the medical profession of Michigan.

A capable surgeon in the foremost place among general practitioners, it is probably in nervous diseases, and as a medical expert, however, that he has won his highest laurels.

His recent work, "*Insanity in its Medico-Legal Relations,*"

published in 1883, by J. B. Lippincott, of Philadelphia, has given him national, if not cosmopolitan, reputation.

He was elected a corresponding member of the Medico-Legal Society of New York in 1884, and takes a great interest in forensic medicine.

Dr. Buckham occupies a distinguished and prominent position among the medical men of Michigan, and will no doubt be a valuable contributor to the literature of medical jurisprudence for the remainder of the present century, if his life is spared so long.

PHILIP PINEL.

Born April 20, 1745, near the close of the first half of the eighteenth century, it was not till near the end of 1792, and near the beginning of the 19th, at the height of the French Revolution, that he was able to consummate the growing purpose of his useful life in striking off the chains of the unfortunate in the Bicetre, which was soon followed at Salpetriere, and laid on sure foundations the sound doctrine of humanity and love in the conduct and management of the insane.

He died, October 26, 1826, at the ripe old age of eighty-one years, full of honors, and strong in the confidence and affection of the French people.

"*It is well to honor the illustrious dead, but it is still better to perpetuate their memory,*" says the venerable ex-President of the Societe Medico-Pshycologique, at the dedication of the statue placed to his memory, in Paris, on the Place de la Salpetriere—in the name of that society.

Dr. D. Hack Tuke, the son of the illustrious founder of the York Retreat, says of Pinel to the committee in charge of the inauguration of the statue: "The works of Pinel, in truth, proved that he was a messenger sent from God for the insane."

"He remains for France the grand figure to whom all alienists render just homage."

Dr. Anthony Ritti closed his eloquent address by saying of Pinel: "That he effaced from the portals of the sombre dwellings of the insane, that fearful inscription: 'Leave hope behind, oh! ye who enter here!'"

The greater lesson of this life, and its long delayed public recognition is, that the alienists of France, near the close of the nineteenth century, place in enduring and eternal remembrance this statue in honor of their greatest name, after almost a hundred years have crowned with immortal glory the sublime teachings of his useful life.

[The copy of the statue erected in Paris to the celebrated alienist Pinel, by the Societe Medico-Psychologique of Paris, is a reprint of that furnished the readers of *Annales Medico-Psychologique* in the last number. We have to thank that journal for the reproduction of a work which has been a credit to that society, and serves to hold in perpetual remembrance the name and virtues of the illustrious Frenchman, Pinel.- Ed. Journal]

J. L. Little

RESUME OF THE RETIRING ADDRESS OF PRES'T PROF. R. O. DOREMUS, M.D., LL.D.*

Gentlemen of the Medico-legal Society, and Guests who have honored us this evening, I bid you a cordial welcome.

To The Members of The Society—Allow me to thank you for generously offering my name a second time, as a candidate for the office of President.

I declined the honor for two reasons; my numerous lectures in two colleges, together with outside chemical investigations, afford me no leisure for the duties devolving on the occupant of this important position, and secondly I have faith in the principle of rotation in office.

Prior to the address of our newly elected President, Dr. Isaac Lewis Peet, LL. D., permit me the privilege of presenting a few remarks for the consideration of the society, who favor us this evening with their presence, and particularly for the candidates for medical honors, who will soon be called upon to practice their profession in every part of the United States.

* Before the Medico-Legal Society, January 20th, 1886.

DUTIES AND TRIALS OF THE TOXICOLOGICAL CHEMIST.

Nothing is higher than the responsibility of the chemist where questions of guilt or innocence of persons accused of crime by the administration of poisons are to be affect- by his testimony.

Before undertaking the intricate researches in his laboratory, he is at times consulted by the physician of the family, or by members of the family where suspicious circumstances lead to the belief of foul play, through the employment of poisons. His advice is often sought as to the best method for detecting the mistrusted party.

The Toxicologist is frequently called upon by the coroner and his medical deputy for advice in relation to autopsies, the securing of suspected articles of diet, clothing with blood stains, etc.

Note: (In New York City the Coroner is not necessarily a practitioner of Medicine. Whether a medical man or not, his assistant is a physician.)

Where it is possible, he should be present at the autopsy to witness the condition of the deceased. Where strychnine has been the cause of death the contracted muscles will generally be observed. He should carefully examine the whole cutaneous surface of the cadaver, to see if there is evidence of hypodermic injections' having been given. He should be provided with new and clean vessels for receiving the lungs, stomach, intestines, and their contents, bladder and contents, liver, kidneys, a portion of the muscular tissue, sometimes the organs of generation.

If volatile poisons have been employed, as hydrocyanic acid, chloroform, etc., he should tightly close the receptacles with their contents and convey them to his laboratory, where he has proper apparatus for their examination.

As the District Attorney and Attorney General (or "State's Attorney" as he is designated in some parts of our country,) are seldom called upon to prosecute poison cases, they consult with the toxicologist.

Their knowledge on this subject has been derived chiefly from Beck's Medical Jurisprudence, Taylor or Christison on Poisons and other works written many years since.

They must be furnished with the most recent researches in this intricate department of Science, and naturally seek instruction from those who have devoted their time to studies in this direction.

To show how rarely legal talent is demanded in poison cases in our city, with its million and a half of inhabitants, for nearly thirty years we have not had a *cause celebre* of this character.

Poisoning for criminal purposes in New York City is one of the "lost arts"; we are returning to Biblical times.

As a youth, I was told to "search the Scriptures" — I have done so in this regard. There is not a single case of poisoning for criminal purposes recorded in the Bible, although every other crime conceivable is described! In the Aprocrypha one case is narrated of suicide by poison.

The rare occurrence of poison cases at this time is largely due to the fact that Toxicological science has made such advances during the past quarter of a century.

The chemist's evidence has furnished the courts with such swift and sure means of detecting and punishing crime, that it has acted as a means of preventing its commission.

The toxicologist should have an especial laboratory for for his researches, from which all other chemical work should be excluded. The laboratory should be kept under lock and seal. He alone should be allowed to enter its sacred precincts.

His glass and porcelain vessels should be new, and purchased for the particular case he is called to investigate.

As the reputation and often the life of the suspected party may depend on his testimony, the chemicals employed should be of *known* purity, and not merely labelled chemically pure.

It is most difficult to procure, even in large cities, acids, and alkalies free from traces of arsenic.

The sulphur, whether native or from bisulphide of iron, from which Sulphuric acid is prepared, generally contains arsenic. By the aid of this king of acids, hydro-chloric and nitric acids are made, also soda, nitrate of soda, and many other chemical reagents.

Like original sin, the arsenic may be traced in all the progeny of this potent acid.

He should commence his investigations with the volatile poisons; then those of organic origin, as the alkaloids, strychnine, morphia, belladonna, etc., next the acids, whether vegetable, or mineral, as oxalic, sulphuric etc., and lastly the metallic poisons.

He should keep an accurate and detailed record of his analyses and the various processes he has employed.

He should preserve portions of the poisons discovered, as exhibits at the trial. If possible, some of the suspected substances, or parts of the body for analysis in Court.

In these glass cases are exhibits of poisons found in the remains of human victims to criminal practices.

"They have a flavor of hemp," as the Hon. Chauncey Shaffer once expressed it.

Drawings of the apparatus devised for and used in the research such as the charts suspended before you, aid in explaining to the Court and Jury intricate chemical operations.

On the trial, the chemist must be present not only to give his evidence, but to aid the public Prosecutor by his advice, on all points necessary for the establisment of the crime charged, as to the theories urged by the counsel for the defence. The accused should always have an expert present in his behalf, to detect and expose any erroneous tests or unwarranted conclusions of the expert for the people, and in this way to guard against a miscarriage of justice.

You will see that a great deal is expected of the chemist, and yet there was a time, and that not long ago, when for all this vast outlay of skill and time and labor, a bare pittance was paid.

Some years since, the late Dr. Jas. R. Chilton, a very celebrated chemist of this city, was the only one employed by the public authorities as an expert in poison cases and he was allowed $25.00 for his services, and had to wait three years for his pay!

I confess, gentlemen, to a feeling of pride that years

ago I established a precedent in this city which has secured many chemists adequate remuneration for their labor and skill. I took the position that scientific knowledge, if wanted in a given case, must be paid for, and a just and fair remuneration given to the chemical expert for his services.

The chemist should not be content to rely upon the old or new text books entirely. He should enter into the field of intelligent and original research, keeping thoroughly up with the best and most improved methods of the present time. It is a most noble calling, and often rightly exercised promotes justice, not only in punishing crime, but in shielding the innocent from unjust punishment.

New York City, the largest city on this side of our globe, should be provided with a *municipal chemical laboratory* where toxicological and other analyses could be conducted.

Dr. Brouardel, the eminent French toxicologist, insisted upon the establishment of such a laboratory in Paris, and I am happy to inform you that his efforts were successful.

By the influence of the distinguished members of the bar and medical profession belonging to this society, our city officials could be influenced to establish such a laboratory.

"In times of peace, prepare for war."

Permit me again to call the attention of the society to the advisability of making some effort to secure the passage of a law to allow the judges in criminal cases to exclude the public and reporters of the press from the

court room, when testimony is given which should not be generally known.

Thus I have been called upon as an expert to explain and exhibit the processes employed by the forger in removing writing from drafts, checks, etc., in a crowded court room.

I have had cases of poisoning through the organs of generation, both male and female. As a Toxicologist I had to testify how this was accomplished and quote other cases of a similar nature from authorities.

I was thus imparting improper information for the public ear. I gave instruction in criminal practices.

I have attended the trial of criminal cases in the Parisian Courts, where the public and the press were excluded, during the taking of evidence unfit for the community to know.

Justice Bradley of the U. S. Supreme Court stated to me, when I mentioned this subject to His Honor, that the late Hon. Wm. L. Dayton when representing our Country at the court of France, wrote to him that the French laws and customs in criminal cases were superior to our own.

THE WORK OF THE YEAR.

On December 31, 1884, our roll of members contained Honorary, 9; Corresponding,67; and Active, 297; making a total of three hundred and seventy-three members. Of these we have lost some by death, to which reference has been made at our regular meetings by appropriate action.

During the year 1885, we largely increased our list of corresponding members adding fifty names, embracing distinguished gentlemen in Austria, Belgium, Brazil, Cuba, England, France, Germany, Holland, Italy, Norway, Mexico, Spain, and Sweden. About thirty gentlemen have united as active members, leaving on our roll on January 1st 1886, Active, 281; Corresponding, 117; and Honorary, 9; making a total of four hundred and seven members on that day. The unusually large number of new members, particularly corresponding, is entirely due to the labors of my predecessor in this chair, Mr. Clark Bell, who has given an amount of energy to this work, which members can not overestimate. Taking much needed rest and recreation by an extended absence in England, and upon the Continent, the duties of this chair devolved upon Mr. Bell, as first Vice-President, which I take pleasure in acknowledging. The papers laid before the society during the past year have been, the Retiring Address of my predecessor Mr. Clark Bell, "What constitutes a common nuisance," by Prof. Jas. C Cameron, of Montreal; "Preliminary criminal proceedings in Scotland," by Prof. H. Aubrey Husband; concluding contributions in the discussion of Mr. Clark Bell's paper on "Madness and Crime," by Prof. John J. Reese of Philadelphia, Judge Calvin E. Pratt, of Brooklyn; Prof. Dr. Franz von Holzendorf, of Munich; and Prof. Dr. Herman Komfield, of Silesia; "Increase of Insanity, Causes and Remedy," by Dr. Ira Russell; "Reports of Select Committee on Lunacy Leislation in Illinois, and Michigan"; "Insanity as a Plea for Divorce

or Nullity," by Dr. Geo. H. Savage; "Absorption of Arsenic by the Brain," by R. H. Chittenden and Herbert E. Smith; "Photography and Medical Jurisprudence," by Wm. Mathew; "The Case of Yseult Lucille Dudley," by W. H. O. Sankey, M. D.: "Our Present Knowledge of the Structure and Functions of the Gray Substance of the Brain," by Charles Heitzman, M. D.; "Fraudulent Damage Claims in Rail Road Accident Cases," by C. J. Cullingworth, M. D.; "Poisoning by Extract of Conium," by Aug. J. Pepper, M D.; "Simulated insanity," by Prof. L Wille, of Basle, Switzerland; "Questions relating to Still Births," by H. D. Chapin, M. D; "Best Basis of International Statistics of the Insane by Prof. Dr. Lefebvre, of Belgium.

LIBRARY.

I take pleasure in commending to the members the importance of making contributions to the Library which is steadily growing, and which should have a permanent home, either in some of the great public libraries, or in a suitable place selected by the Society.

I congratulate the Society that its choice as my successor has fallen on one whose long connection with and interest in the Society render him well fitted for the place Allow me, gentlemen, to present our newly elected President, Dr. Isaac Lewis Peet.

INAUGURAL ADDRESS OF DR. ISAAC LEWIS PEET, LL.D., AS PRESIDENT-ELECT.*

GENTLEMEN OF THE MEDICO-LEGAL SOCIETY.

There are moments in every man's life when he feels himself placed on some sort of pedestal, standing on which, he enjoys the pleasure of receiving recognition from his fellows. It comes to the child, to the youth, to the man; and if it be without volition on his part, if he have not schemed for it, if it have in it the element of surprise, if it be a testimonial of good work in the past or an expression of confidence as to the future, or both, the pleasure is enhanced, for it is a manifestation of that good will to man from man which constitutes a very important ingredient in happiness bestowed, and is a characteristic of the Christian era under whose beneficent auspices we live.

Rightly appreciated, it is a strong encouragement to endeavor to deserve the compliment conferred, and a motive to serve, so far as the limits of his own capabilities or the circumstances by which he is surrounded will

* Delivered January 20 1886.

permit, him or those, who have treated him with such consideration.

On this occasion, I find myself occupying such a position, a position I did not expect, but nevertheless one of such distinction that I can do no less than to thank you sincerely for the kind feeling you have manifested toward me, and no more than to assure you that whatever of talent and whatever of leisure I may be able to command, shall be placed unreservedly at your service.

To be the successor of such men as Wooster Beach, T. C. Finnell, Jacob F. Miller, Samuel Rogers, Clark Bell, F. H. Hamilton, George H. Yeaman, Charles S. Wood and R. Ogden Doremus, who, in the order in which I have mentioned their names, have conferred dignity upon this chair, is indeed an honor, but it is an honor that I would hardly dare accept, did I not hope that, working from the standpoint I am evidently expected to hold, I may be able to contribute something toward promoting the harmonious and enthusiastic cooperation of the learned and public spirited men who individually and collectively give prominence to this society, make it a power for good in the community, and constitute its real glory.

In this hope, I am confirmed by the fact that I am assured of the aid of your first Vice President, who has given an amount of time, energy, devotion, talent and special knowledge to the service of this society which can be accounted for only by the fascination which the questions involved in the study and application of the

principles of forensic medicine, have exercised over his mind. As President for six years, as chairman of your library committee, as editor of the Medico-Legal Journal and as a member of the Executive Committee, he has, during his long connection with the society, besides fulfilling the demands of an exacting profession, accomplished results which will give him a lasting place in our Annals, and we are fortunate in being able still to avail ourselves of his peculiar experience.

It is a remarkable fact that no great idea is carried to its conclusion, that is not taken up by some association which charges itself with its development and dissemination. Individuals, here and there, may conceive it, but it languishes and dies unless the germ they furnish takes root in the hearts of some devoted band who see its possibilities and are aroused to a sense of its importance. Geography, History, Archæology, Natural History, Art, Medicine, Exact Science, Law, Theology and Religion are promoted by the zeal of the associations which make the treatment of their principles a specialty, and seem to reach their limits and even fall into decadence, when this zeal becomes cold, only to make futher advances when there is a revival of interest in the subject.

It is possible that this may be the law of human progress. The winter of discontent *must* perhaps always be the precursor of every glorious summer. The idea of a Sabbath of rest may not be confined to that of the hebdomadal cessation of physical labor.

The medico-Legal Society of the city and State of New York may almost be said to have created a science. It was certainly the first society in the world organized to carry out the principle that a lawyer could not be fully equipped either for the prosecution or for the defence of an individual indicted for the crime of homicide, or murder, without some knowledge of anatomy or pathology, and that no physician or surgeon could give absolute satisfaction as an expert witness, without some knowledge of law.

The next society established on this basis was that of Paris which is the only one existing in Europe, though I am glad to learn that others are in contemplation in Italy, Germany and Belgium, It is deplorable that the example of New York and France has not been followed in Great Britain; for, previous to the existence of this society, Connolly and Mandelay and the elder Tuke were conspicuous for their writings on many of the points embraced in the general idea of forensic medicine; and since this society has been formed, stimulated no doubt by its influence and that of the medico-legal society of Paris, have appeared the younger Tuke, Bucknall, Ogston, P. Browne, Ireland and Tidy, the last a name which has brought to the task of elucidating the subject two octavo volumes of intense interest, to be followed by others which will still further illustrate the science of medical jurisprudence.

Our Society had its origin in the association of the physicians and surgeons employed as deputies in the

Coroner's office of this city, for the purpose of discussing the pathological and medical points of the cases that came to their notice. In this they were led by Dr. Wooster Beach who first conceived the idea of a society in which gentlemen versed respectively in the sciences of medicine, chemistry and law should be brought together to discuss all the aspects of such cases.

It was held that, in this way, a great advance might be made in discovering the causes of death and in ascertaining the guilt, innocence or accountability of individuals accused of crime.

Up to this time, there was not a single institution or college in this country in which these subjects were taught in their relations to each other, and when, on the 11th of June 1867, in a meeting called at the house of Dr. Simeon N. Leo, to form a permanent organization, the question of a name for the society came up for discussion, among the titles proposed was that of a *School of Pathology and Forensic Medicine*, indicating that the society was to devote its energies to the investigation and study of a new department of scientific research.

The title actually adopted—that which the society still bears, was proposed by Dr. J. J. O'Dea who has since been recognized as one of its most active, intelligent and useful members. Up to the first Tuesday in October 1867, the society had weekly or bi-weekly meetings, with Dr. Wooster Beach for a presiding officer, and after that date, monthly meetings presided over by Dr.

T. C. Finnell who was elected president under the perfected constitution.

How faithfully and successfully the society has since performed its work, is evinced by the fact that similar societies, following its lead, have sprung up in two of the states of this Union. Schools of Medicine and schools of law have engrafted the study of forensic medicine upon their curriculum, and books upon medical jurisprudence have been written by distinguished professors who have devoted their talents to the instruction of students in this specialty. But none of the treatises to which this society has thus given the impulse, have given so enlarged, so varied, so satisfactory a view of this field of inquiry as have its own published transactions. The papers contained in its bound volumes and in the volumes of its Medico-Legal Journal, the discussions which have been reported, the communications received from distinguished scientists at home and abroad, constitute a literature without which a thorough comprehension of the scope and possibilities of the science cannot be obtained; a literature moreover, delightful in its surprises, instructive in its statements, absorbing in its interest.

This result has been reached by enrolling, on its list of members, some of the most eminent names in the several departments of learning, the combination of which has given rise to this special school, and by inviting to a participation in its discussions, non-members of the society, eminent for their familiarity with subjects ger-

mane to those with which it has to do.

This most important association has not been content, however, with considering speculations, establishing principles, investigating facts, relating events, or determining rules of procedure; it has called public attention to insidious dangers, such, for instance, as have been discussed during the past year, in connection with papers concerning milk and cocaine and canned goods, and it has accomplished or initiated legislation in regard to the insane, the vicious and the defective, that would alone have not only justified its existence, but given it an enviable prominence.

The specialty with which I myself have been connected for over forty years, the education of the deaf and dumb, has been fully investigated in its medico-legal aspects, and the duty of society toward this large and increasing class of the community, has been distinctly formulated. It has recognized the fact that they are not criminals to be restrained, delinquents to be reclaimed, paupers to be supported, orphans to be supplied with homes, imbeciles to be trained, diseased to be made whole, insane to be brought back to reason; and yet their calamity is such that, unless a remedy be applied, it may, in its effects, bring them into resemblance to all of these. They have no moral responsibility, and may, therefore, perform acts injurious to others. Ignorant of consequences, they may form evil habits of life difficult of eradication. Incapable of self-support, they are dependent upon family, friends or communal charity.

Though father and mother be living, home and kindred are to them unknown terms. With intellects capable of indefinite expansion, they have neither knowledge, nor access to its sources. With mind and body, it may be, naturally sound, they have no conception of the necessity for that voluntary self-control on which health so largely depends. With correct data and accepted formulas wanting, their reasoning is likely to be defective and sometimes destructive.

Though this be the standpoint from which they are often now, and from which, at one time, they were universally regarded, their condition is only that of a normal soul, debarred by the absence of a single sense, from all that intelligent activity that makes life so desirable.

To open the prison house, to let the pure light of knowledge stream in, to release this soul, and to enable it to exercise its natural functions, this is the problem set before the benefactor of the deaf, and it is a problem which requires the exercise of the profoundest philosophy, the most subtile analysis, the most untiring patience, the most devoted affection. And it is with gratitude that I acknowledge the aid given by this society in creating a public sentiment favorable to the removal of all obstacles that stand in the way of the education of this most interesting class.

In fact there is no field in which legislation has to do with mental or physical soundness or safety, with which this society ought not to concern itself. The question of public health is soon to be presented to us by the

Hon. Erastus Brooks, one of the most able of the statesmen who have given their attention to this subject. In this connection comes up the question of how far can legislation go in the direction of securing "the greatest good of the greatest number." how far can private rights be invaded to secure public health? This is a medico-legal question and it has yet to come before us in such a way that, with regard to it, this society cannot afford to utter an uncertain sound.

In closing these remarks, I feel it my duty to present to you certain practical points which demand your attention, and

1st. With all its success, this society has no estate. Should it not have one? It ought to have a building of its own, a fire-proof building in which it could store its already valuable library of books and pamphlets not to be found in any other library in this country; and in addition a law library in which the doctors could study law, and a medical library in which the lawyers could study medicine, and an exhaustive library of works on chemistry, and in fact on all the physical sciences. It should have a reading room to which all persons interested in these subjects should have access, and an auditorium that would seat a thousand persons attracted to learn what at least two of the learned professions propose to do to make life more desirable.

Such a building it would not be difficult to secure. Two Hundred Thousand Dollars raised by 400 members, each securing from their clients or patients or friends,

$500, or by 200 members each securing $1000, would be sufficient for the purpose; or if, in carrying out the principle, we feel compelled to make our project less ambitious, we may begin with a building costing but $20,000, which would require only $100 from 200 members. It may not be necessary to build *de novo*. Some association, at present straitened for room, may desire to realize on the premises it now occupies, and build elsewhere. Should such be the case, it would be our opportunity.

The advantages of acquiring such real estate would transcend those of mere convenience.

It would give to our work the solidity of brick and mortar. No whim of feeling, no whiff of passion would send off members to the refrain of "Wayward sisters depart in peace." The centrifugal force would be converted into the centripetal, and our suffering would arise not so much from the embarassment of poverty as from the embarassment of riches.

2. Familiarity breeds contempt. We know too much—or we think we do—and, on this ground we excuse ourselves from attending the meetings. Alas! that the *ego* should so antagonize the *ille*. Have the wise ones no duty toward the less wise? Should what they have learned by years of membership be withheld from those who have just knocked for admission? Should the experience of the past be ignored, and the society go back to the feeble days of its beginning? No, a thousand times no!

Let each of us, then, during the coming year, resolve that we will not fail to attend a single meeting against which conscience does not interpose her veto.

3. The purse is opened only by love—foolish love, perhaps, unwarranted love, it may be, but still only love. Do we love the work of this society sufficiently to give her a preference in our hearts? If we do, the pittance of Four Dollars a year we pay for our expenses and our journal, will not be withheld from our treasurer. We will not require him to write to us again and again, but those of us who are poor will pay our dues believing it our duty, and the richer of us will give him of our superfluity asking him not to let the printer suffer, and all of us will relieve him from the "hope deferred" that "maketh the heart sick," feeling that the work in which we are engaged is of sufficient importance to justify a little self denial.

INEBRIETY AND CRIMINAL RESPONSIBILITY IN MEXICO.*

UNDER THE PENAL CODE OF VERA CRUZ.

By Enrique A. Frimont, M. D of Ozuluama, Mexico,

Corresponding Member of the Medico-Legal Society.

Gentlemen of the Medico Legal Society of N. Y.:

I have been asked by your ex-President, Mr. Clark Bell, briefly to examine INEBRIETY under, or in a legal view, commencing with the study of the provisions contained in the penal code of the State of Vera Cruz (Mexico.)

The penal code of this state endeavors to answer all circumstances pertaining to crimes, but does not mention in a single instance *Inebriety* neither *incidentally* nor *accidentally;* although the reader will meet in Chap. IV. the following:

"Art. 32. He is not a delinquent who commits an action when sleeping or in a state of Dementia or in any other manner when not in the full possession of his mental faculties or who is clearly deprived of his reason and power of deliberation."

☞ Voluntary Inebriety or any other privation or derangement of the reason of this character can not be re-

*Read before the Medico-Legal Society of New York, February 17th 1886.

garded as an excuse for crime committed under such influence; neither will the penalty be diminished but on the contrary it will be considered as an aggravated circumstance of the crime!!

I suppose that the legislators who created this code were guided perhaps by the vulgar idea that Inebriety is a general vice among the proletarian class; and that in the greater number of crimes committed they should recognize principally the use or abuse of intoxicating beverages as a prominent cause of the extravagances which carry off our people—and that for the public weal and morality they should choose such legislation, to check by extreme penal statutes the tragic inclinations of the lower classes. In so doing they separate themselves from the principles laid down in other Codes—thus actually establishing in INEBRIETY a legal circumstance which shall be paramount to even any temptation to the commission of the crime, while it really does aggravate and makes the criminal resposibility of the accused greater and less defensible.

Almost all civilized nations are ruled by Codes which establish incontrovertibly that the idea of crime necessarily involves two elements, viz:

1st the consciousness that the commission of the act which constitutes the crime is contrary to law.

2nd. The unimpaired and free use and exercise of will, with power to commit the offense or not.

The legislators of Vera Cruz have doubtless intended to refer on this point only to the Insane, recognizing

that there are lunatics who in spite of the consciousness that they are committing a punishable act, are, by infirmity of the disease, destitute of their power of will and of self control. Other insane persons may know that the act is contrary to law, but are impelled by a conviction or irresistible impulse against their will or by a force which they can neither control nor resist.

I am convinced that Inebriety is a trance state clearly allied to Insanity. We should therefore understand that every act committed under such circumstances should be regarded as a *medico-legal* case and considered and determined by the peculiar facts attending it.

Only the Physician could establish the difference between "*not to want*" and "*not to to be able*" to obey the law, or precisely indicate the peculiar conditions of the malady which constitutes the incapacity, or responsibilty of the offender against the law, and determine how far the accused had exercise of his reason, his will, or power to control or regulate his action.

I venture to assert that the law can not properly recognize as a fact that which is known to science not to be a fact.

Health cannot be legally adjudicated to exist where science has detected and demonstrated disease. The courts of Vera Cruz therefore should not insist upon enforcing this error, against and in violation of the laws of nature in deciding those things which belong to medical science exclusively, and which should be recognized by all law makers.

AUTOPSIA CADAVERICA LEGALIS.*

By Dr Thomas R Buckham, M. D., of Flint, Michigan.

It is not even a new statement of an old proposition that scientific experts are indispensably necessary in many classes of criminal trials, and it must follow that in proportion to the necessity for, will be the importance of the expert testimony; as, on its trustworthiness in many cases, depends whether the verdict shall be "guilty" or not "guilty."

The present article will consider expert testimony only as that which is based upon post mortem examinations, emphasizing the importance of *always* having such examinations *properly made;* and, in illustration, a brief account of a peculiarly interesting case that recently occurred in one of the suburbs of Detroit, the metropolis of the State of Michigan, will be submitted.

In the locality named there lived a family named Knoch, which family had been the subject of a mysterious fatality.

About seven years ago, the Father was found one morning in his horse-barn insensible, with a severe scalp wound. He died in a few hours after he was discovered,

* Read March 18, 1886, before the Medico-Legal Society.

not having recovered his sensibility. It was then believed that his death was the effect of a kick from one of the horses in the barn. About three years thereafter one of the sons was found, as was at first supposed drowned, but examination of the body disclosed a bullet hole in his head, also a pump-chain fastened around his body by a copper wire, which chain and wire were similar to other pieces found on the Knoch farm, and opinion was divided as to whether the case was one of homicide or suicide. About six weeks ago, the house of another son, containing himself, wife, and two children, was, one night burned to the ground, none of the inmates escaping. At the inquest it was found that both parents had been fatally shot, and the conclusion reached was that a double, certainly, and probably a quadruple murder had been committed, and the house fired to cover the horrible crime. As the Prosecuting officers and Detectives failed to fix the guilt upon any individual, there were, as might have been expected, rumor upon rumor in circulation in the excited neighborhood, reviving the reports on the sudden deaths of the father and brother, reflecting, among others, more or less strongly upon the members of the Knoch family, who had been, or would be, benefited by the deaths of their relatives.

While the excitement was at fever heat, it was much intensified by the announcement in the Daily Newspapers that Mrs. Knoch had expressed a desire to see an officer as she *wished to make a confession* to him; but, when

the officer from the City reached her, within three or four hours, he found her *insensible*, in which condition she lingered for a few hours when her death added another to the rapidly swelling list of tragic mortality in the fated Knoch family.

The officers of justice, puzzled and baffled as they had been in the former cases, feeling that almost daily the tragic "confusion was becoming worse confounded," determined at whatever cost of time and trouble, to unravel, if possible, the web of mystery and crime which was so rapidly assuming such alarming proportions; and as a preliminary, ordered a post mortem examination to be made on the body of Mrs. Knoch. That duty was performed by the County Physician, *in a small room, at night, and in a very imperfect light.* After concluding his examination the County Physician stated in substance that Mrs. Knoch also had been murdered—that he found a fracture of the skull reaching from the frontal sinus around to the base of the brain,—that as there were no external contusions or abrasions on the surface, the skull had been fractured by a blow with a sand-bag or some such weapon.

As Mrs. Knoch had been for several days previous to her death so ill as to be confined to her house, and had several times been visited by a physician, and as her own family were supposed to have had exclusive personal care of her, suspicion was at once very strongly directed to the remaining two sons, and the Sheriff of the County, on being informed, about eleven o'clock P.

M. by a reporter that a detailed statement of the post-mortem evidence would appear in the morning papers, he immediately sought for the Prosecuting Attorney, but being unable to find that officer, he determined on his own responsibility, to at once arrest the two Knoch boys; and, they were about midnight arrested accordingly and lodged in the County jail. In making the arrests without a formal warrant the Sheriff alleged two reasons:—the one, a desire to protect the young men in the morning after the post mortem evidence would have been published, from mob violence, which in the greatly excited condition of the people he very much feared; the other, a desire to have the two young men secure beyond peradventure should there be sufficient further evidence produced to convict them of the most horrible of crimes—matricide.

Mark the sequel! A newspaper reporter and some other persons having observed that considerable force was used with the hammer and chisel in removing the top of the skull, and they also having overheard some remarks which were made by the County Physician to his assisting student, were led to doubt whether the fracture of the skull *which was the evidence of murder* might not have been the result of the force used by the operator when making the *autopsia cadaverica legalis*. These doubts having been communicated to the Prosecuting Attorney he ordered a re examination of the body to be made by Medical Professors Lyster, Book and Walker in the presence of the County Physician (who

had made the previous examination,) and several other physicians and the conclusion *unanimously* reached by the experienced and able professors was, in substance, *that Mrs. Knoch died of pneumonia*, and *that the fractures of the skull were post-mortem*, in which conclusion the County Physician, at the time, concurred, *signing the paper to that effect with the other physicians*; but, he subsequently stated that he signed the paper with a *mental reservation*, and re-affirmed his previous opinion. Professor Lyster also testified at the inquest, that at the request of the Prosecuting Attorney he visited Mrs. Knoch on the day preceding her death, at which time he expressed the opinion that Mrs. Knoch had pneumonia in such an advanced stage that she had only a few hours to live.

After reading the foregoing, comment, as to the importance of having *Autopsiæ Cadavericæ legales* properly made, ought to be needless.

If the conclusions reached in the first, had not been corrected by the second post mortem examination, the possibilities and probabilities are shocking to contemplate: or, if Sheriff Stellwagen had not been possessed of the courage and promptitude necessary to hazard the personal and official risk of arresting and committing to prison, without the authority of a warrant, those two young men, what might have been the result to them from a highly excited and incensed community who had reason for believing them, at least, guilty of a crime,

the most revolting known to humanity, with the strong probability that if guilty of matricide, they were also guilty of patricide, fratricide, sororicide and infanticide? But assuming that the law-abiding habit would have been strong enough among the people to have prevented them from invoking the aid of Judge Lynch, what then? But for the second post mortem examination, so strong is the probability that it might be considered almost a certainty, that two judicial crimes, scarcely, if at all, less dreadful than deliberate murder would have been added to the doleful chapter of horrors.

The most sacred rights of citizens are life and liberty, and in the enjoyment of these rights the State is bound to protect them. Why then did the State allow the lives and liberties of these two innocent young men to be thus imperiled? Is the peril a contingency of the imperfection of human laws, arising inevitably *ex necessitate rei*? As a rule, I answer most emphatically NO. It is true that there are a few causes of death too subtle to be detected by post mortem examinations, but they are so few in number, which have any relation to criminal jurisprudence, that the exceptions would be so insignificant as to scarcely affect the rule. But what are the facts regarding *Autopsiæ Cadavericæ legales*? I confidently appeal to those who have had large experience in criminal cases for confirmation of the assertion, that it is the exception, aye the rare exception, instead of the rule, to have such examinations so made that they furnish definite, trustworthy and conclusive evidence

for the benefit of courts and juries. For the causes which appear to underlie this dangerously unsatisfactory method of making post mortems, the States appear to be chiefly responsible, because they have not made the necessary provision for the adequate compensation of those who make such examinations exhaustive and trustworthy, nor have they made the necessary provisions to enable the courts to adopt such modes of procedure as will enable the officers of justice to *always* secure the services of thoroughly competent and reliable experts to make such examinations. The rate of payment allowed for making *Autopsiæ Cadavericæ legales* is usually fixed by the Boards of Supervisors, and the sum allowed is generally much less than half what the service is worth: hence, those who are most competent and whose services will be paid for much more liberally by individuals, can seldom be had to perform disagreeable work for the County at greatly reduced prices, and if compelled to do the work, the duty is generally done in a perfunctory manner, more in the light of inadequate compensation than in that of the importance of the service to be rendered. The suggestion may not be inappropriate in this connection that professional services secured before hand for less than half their value, are seldom worth half the sum actually paid for them, *id est* they are worthless, as it is quite as easy to abridge the service on the one hand as the remuneration on the other. Many years ago the writer was required to make a post mortem examination, in summer, of an exhumed

body, that had been buried three days. The very disagreeable and dangerous work was faithfully performed, he spending over half a day examining the almost putrid body; and the Solons on the Board of Supervisors cut down his bill to the princely sum of *ten dollars*, and from their decision there is practically no appeal. The writer has not made any such examinations since that time. It is almost axiomatic that it is unwise to pay less for a service rendered than it is worth, and that proposition has been demonstrated again and again in criminal trials. In this County, within a few years, there have been two criminal cases, in either of which a properly made post mortem examination would have been decisive, but the examinations were both of the ten dollar class. In the one case there were two, and in the other three trials owing to disagreements of the juries, costing the County thousands of dollars extra, without considering the incalculably more important matter, the uncertainty whether the verdict reached was just. In connection with the post mortems it ought to be borne in mind that the time, risk and skill in making them do not end the services, of the physician. He has to spend probably a day attending the Coroner's Court, —a longer time at the Justice's Court, and a still longer time at the Circuit or Recorder's Court, with only a nominal recompense. No professional fees are allowed for such evidence.

Unquestionably the physician, in common with every other citizen ought to give testimony for the State, as to

any *matters of fact* within his knowledge, but there is no moral right which requires him to bear the additional burden of giving *professional testimony*, without receiving a professional fee; and two Supreme State Courts have held that they cannot legally be compelled so to do. Another consideration of very great practical importance, is the fact, that it does not by any means follow, because a physician is a graduate of even a respectable Medical College he is possessed of the pathological knowledge, and is sufficiently familiar with the cadaveric changes, indispensably necessary to making a proper postmortem examination: nor, does it follow that all who have the necessary pathological knowledge have the requisite mechanical skill, nor that having all these essential qualifications, they must be fully equipped for making *autopsiæ cadavericæ legales*. Of what avail, in the administration of justice would be the fact that a homicide had been committed, if the only witness cognizant of that fact, testified (with a mental reservation) that deceased came to her death from natural causes, and therefore no homicide had been committed? The possession of firmness, and intelligent self-reliance in the expert is quite as important as is the possession of knowledge and skill. It is also well known to all who have had experience in courts of justice, that there are many persons so constituted, that notwithstanding their honesty of intention they are unable to give testimony with that clear-cut precision and confidence which carries conviction to the minds of the court and jury;

and thus, from a constitutional defect, the administration of justice is deprived of the convincing evidence within the knowledge of the witness, and which would have been furnished but for the constitutional defect. Many more requisites might be mentioned as desirable in the expert, but enough have already been noticed to explain why the evidence from postmortems is so generally defective and incomplete.

The only question that will now be considered is: How is proper postmortem evidence to be procured? *Theoretically*, the reply is an easy one. Allow *only* properly qualified persons to make *autopsiæ cadavericæ legales*. But how to secure practically, the theoretical desideratum is less easy. It is not easy in every community, to find physicians who possess *all* the necessary and desirable qualifications mentioned, but in most localities they may have all the more important requisites: hence, if the full measure cannot be reached it may be closely approximated, and we suggest that were the Prosecuting Attorneys empowered by law to *select* and *properly pay* those who make such examinations the chief difficulties would be overcome. Let that officer be held solely responsible for the proper presentation of the cases to the courts including the post mortem examinations, authorizing him to select such experts as he has confidence in,—and making provision to pay them not only for the examination, but also professional fees for giving professional evidence, the payment to depend upon the care and completeness with

which the work was done, and we think the present rule and exceptions with reference to postmortems, would be reversed. In *no case* should he employ less than two experts, and in very important cases not less than three should be directed to make postmortem examinations, and all the experts present to be held equally responsible.

The above plan would of course cost more for making the examinations than does the present method, but from the decisive, trustworthy evidence which would by that means be always secured, the expectation is reasonable, that from shortening the duration of trials, and by preventing re-trials, and new trials on appeal, not only would there be a large increase of just verdicts, but these would be obtained at much less expense, than by the present hap-hazard method, so dangerous to individuals, and so unsatisfactory to the people.

CLASSIFICATION OF MENTAL DISEASES AS A BASIS OF INTERNATIONAL STATISTICS.

By Prof. Dr. Theodore Meynert of the Vienna University.

At the International Congress for the consideration of Psychiatry, held, in Antwerp, the Secretary, Professor Lefebre of Louvain presented the following classification of forms of mental diseases:

1. Idiocy.
2. Cretinism.
3. Dementia paralytica.
4. Dementia.
5. Toxical alienation.
6. Mania.
7. Melancholy.
8. Folie circulaire.

These forms are undoubtedly natural ones, but Idiocy and Cretinism should not be separated, and Dementia be considered as a secondary stage of other forms.

The function of a classification that it should include within itself all forms of mental disorder which naturally differ, will not be substantiated by this classification.

*Translated by Albert Bach, Esq. of the Medico-Legal Society.—Read before the Austrian-Hungarian Society of Psychiatry, &c. To be read at the April meeting of that body.

Primary forms, other than Mania and Melancholia would have to be either those which have received an entirely confused signification,or erroneously, even if not without precedent, be collated with dementia. To complete this outline, Semal and Magnan suggested the addition of hereditary mental disorders, and Magnan further suggested the addition of intermittent mental disorder and chronic delirium. Notwithstanding however, that hereditary mental disorder comprises the most multifarious forms and as of etiological importance in that regard, throws light on the indices to the scattered records of heredity, it should be dropped and intermittent mental disorder on the other hand, should be taken up, because its richness of forms is not exhausted by folie circulaire. "Chronic delirium," probably identical with chronic primary insanity? seems to me to be a too far fetched and therefore a not really intelligent appellation. As referee of the classification, without demanding it, I desired that all distinct forms of mental disorder should be clearly designated, and beyond all, I desired to concur in the future standard of German classification. Unfortunately I must admit that I am not in the position to do so. For the classification requirements of an international Insane Asylum statistical report, Guttstadt hinted at the following German plan as it was substantially accepted at the conference of German alienists at Frankfort on the Main in 1881. It comprises:

(a) Ordinary mental disorder.

(b) Paralytical mental disorder.

(c) Mental disorder accompanied by Epilepsy.
(d) Innate imbecility, Idiocy and Cretinism.
(e) Alcoholic Delirium.
(f) Individuals who need watching.

The annual report of Westphal's psychiatry clinic in the charity annals of 1885 again sets forth the forms of mental disease according to a corresponding Wiesbaden plan of 1873, which is to this effect:

(1) Melancholia.
(2) Mania.
(3) Secondary Mental disorder.
(4) Paralytical mental disorder.
(5) Mental disorder and Epylepsy
(6) Imbecility, Idiocy and Cretinism.
(7) Delirium Tremens.

The henceforth authoritative German plan is a return to the position in which the matter stood at Paris in 1867, without its having developed into completion—Westphal's own works which aim at the amplification of forms for the purposes of clinical psychiatry, establish the fact that the fundamental plan of all German Asylum statistical information up to the year 1885, has for its object the emendation, not the curtailment of forms. The designating of all forms which are not complicated, as merely simple mental disorder, is only a capitulation to obstructionists, who stand in the way of a development of clinical psychiatry. In their views these obstructionists represent on the one hand the entire

past, on the other the entire future, and moreover the differences as to the limitation of forms, emphasized by Westphall, are of importance.

Difficulties in the right path towards a development of clinical descipline should not however be submitted to, they should rather be surmounted. The followers of the multiform system as well as the respectable ones of the uniform primary system, and in this sense wholly antiquated forms of Melancholia and Mania, admit of new ones, and those who regard clinical psychiatry as something entirely of the future and in that respect consider it to be the duty of the present to exclude in the first place human mental manifestations from the hecatombs of experimentalism, are in no way on the right path. Clinical sciences must in all ages, according to the foundations on which they rest, be considered as practicable, and the American (Beard) was perfectly right when he said that a psychiater who cannot diagnose mental disorder from clinical symtoms alone, is in fact incapable of diagnosing. Every classification is good which comprises within itself all possible learning of its day, and none should stand which goes beyond that. Besides progress does not exclude a return to old truths. Our clinical psychiatry finds its founder in Esquirol who could boast "I present facts as I have found them; seldom have I sought to explain them, and I have not given myself over to an idle-system mania." His German contemporaries have not sustained his standard of differentiation of forms of disease in which the anticipation

of most forms will be found to render antiquated the Wiesbaden classification of 1873. A little reflection will show the necessity of increasing the accepted forms of the older German statistical plan for institutions, by the addition of those which are naturally limited in meaning, and which may be easily distinguished by every unprejudiced psychiater. Melancholia and Mania constitute indisputable forms. Esquirol had already particularly characterised and prognostically considered the victims of Melancholia, in that he distinguished those individuals who complain of their own ailments from those who complain of others—of the Self complaining invalids he said, they are more curable than those who complain of others. The classification herein below set forth, which after consideration, I presented to the Vienna society for psychiatry and also to a preliminary meeting of the present conference of psychiaters, will prove itself to be correct, in that in it, the differentiation and prognostication of various processes of disease are separately stated, by means of which a proof of its conformity to what is natural is provided. No one doubts but that by confounding sufferers from imaginary persecutions with Melancholia patients, by confounding Maniacs with the victims of Mania, forms are put together which are absolutely unconformable, and which in a classification, must be accepted as particular forms of disease between Mania and secondary mental disorder. These are included in Westphal's primary insanity. Even as to these Westphal has already discriminated acute (prog-

nostically more favorable) forms from the chronic, much more seldom curable: and I myself, have for instance discriminated between the former and hallucinary aberration. The discriminating characteristic of primary acute insanity which we will call frenzy is, as Esquirol has already intimated, based on a state of confusedness. Whereas with those who suffer from chronic primary insanity we find, relatively speaking, thorough consciousness and clearness concerning most of the matter they speak about. In a certain sense it could be said, that the forms of acute insanity are based on a back ground of hypnotic daze, especially as regards their characteristic illusions. As to primary mental diseases therefore the need of a distinct separation of those forms which are neither Melancholia nor Mania asserts itself. Finally there have been provided, mainly by Wernicke, in accordance with experimental physiological researches, pictures of primary imbecility founded on an anatomical basis, within which the forms of deficient mental conception are partially circumscribed. These, in a broad sense are founded on cortical encephalic processes—clinically, they evince themselves as traumatic aberration, and in the case of a lesion of the brain matter, as developed states of aphasia, asymbolia, or psychological deafness and psychological blindness. To the primary forms should therefore be added an acute primary imbecility which is at least to a certain degree curable. Acute forms of simple mental disorder are then more closely identified with curableness, chronic

forms with incurableness, and from a prognostic standpoint therefore, they should be both combined and separated. Although the acute forms comprise those which are of short duration, still touching the progress of chronic forms of mental disorders in general, the word acute should be extended to those forms which have a perceptable beginning and by reason of cessation of symptoms in the event of recovery, or transformation in the case of incurableness, also a termination, and which moreover on account of the very intensity of their acuteness do not develop uniformly, without causing strong mental defects, lasting a lifetime, or in curable cases, during a long period, something like ten years. If progressive paralysis does not claim its place among complicated mental disorders, among simple mental disorders it must be included within the acute forms. The discriminating of acute from chronic cases needs no artificial inclusion, as for example is presented by placing under the chronic as an intermittent form of the same, collatable with them, circulaire mental disorder, and by placing under curable cases those whose duration extends over a large part of life.

In order to scan the classification below set forth, in its technical correlations and to prevent misunderstandings in its use, the following observations are premised:

1st. In the first place, innate forms such as Idiocy and Imbecility, when separated, may be coupled with those of the known excited and apathetic states. Next to these without having found a general designation, ap-

pear the acquired mental disorders.

2nd. Melancholia, in the sense of dejection, is closely confined with self complaining monomania and demeaning monomania; as known, one of the forms of diseases frequently found outside of Asylums, seldom in them.

3rd. Upon the whole, exhilaration with self vaunting monomania and volubility of expression, are seldom enumerated under the heads of Mania, nor is any delirious state. This classification separates the latter state from the forms of acute insanity, just as it does exhilaration from the self-vaunting monomania of chronic primary insanity.

4th. Acute insanity embraces also the transitory forms, states of failing memory, other than those which occur in cases of epilepsy.

5th. The so called (after Westphal,) abortive forms of insanity, as for instance met physical mania, belong as an apendage to the forms of chronic primary insanity. Primary imbecility has been already above characterized. Certain ways in which it manifests itself as for instance, in cases of Carbonic oxide and illuminating gas poisoning, must be clearly limited to toxical mental disorders. Forms of Senile imbecility which are based on Atheromatous degeneration and change, are apparently to be enumerated under this acute form. Senile imbecility is not given a special place in the classification, because at Frankfort, it was already considered that senility is caused by old age. Still its classification presents difficulties. Most forms must be included in secondary men-

tal disorders, even if partially artificially so.

6th. Secondary mental disorder comprises the incurable cases, also those chronic forms which later on turn into imbecility.

7th. As included in complicated mental disorder, there is no need of explaining paralytical forms. Here there is no confused idea as to what epilepsy is. So called equivalents in cases of non epileptics belong partly to the acute forms of insanity in which is included frenzy, partly to alcoholic delirium, partly to intermittent mental disorders. Just as little may hysterical mental disorder be taken in a confused etiological sense: it should be considered as hysterical and hystero-epileptical attacks, in the broader sense those which are complicated with mental disorders.

8th. Individuals who have to be watched are not diagnosable as insane. Attempts at suicide and crimes which are explainable as the result of insane ideas, fear, alcoholism, are not the crimes of individuals who need watching. Still the latter, on account of the interest that is to-day taken in crimes in their aspect of abnormal psychical phenomena, should be statistically classified in Asylum reports.

I therefore presents the following classification:

Idiocy:

Simple Mental disorder.

Acute.	Melancholia.
	Mania.
	Insanity.
	Primary Imbecility.

Chronic. Primary Insanity.
Intermittent Mental disorder.
Secondary Mental disorder.
Complicated Mental disorder.
Paralytical.
Epileptical and hystero-epilepsy with brain diseases.
Toxical Mental disorders.
Alcoholical delirium.
Other intoxications.
Individuals who need watching.
Attempts at suicide, crimes, &c.

The value of the classification of simple mental disorder in Asylum reports is dependent upon the respect and scientific consideration due to the Doctors of the Asylum. If Asylums, as more in the nature of country institutions, are left without the clinical instruction provided at the State University Asylum, which is indeed generally omitted from the curriculum of Asylum doctors, by the use of the cumulative expression, "Simple Mental Disorder," the function of clinical diagonis will, to Asylum doctors, appear to have been performed. It is in the domain of statistics, however, that they can demonstrate their interest in the matter. On account of the public confidence in Asylums, however, there must not be even the slightest appearance of a neglect of diagnostics.

TRANSACTIONS OF SOCIETIES.

THE MEDICO-LEGAL SOCIETY OF NEW YORK.

Presidency of Prof. R. O. Doremus.

Annual meeting held at Columbia College, December 16th, 1885, President R. O. Doremus in the chair.

The minutes of November meeting were read and approved.

The following active members, proposed by Mr. Clark Bell, were on recommendation of the Executive Committee, duly elected ; viz :

Dr. Robert P. Gibson, 29 W. 61st

Hon. C. K. Davis, St. Paul Minn.

Alfred E. Regensberger, M. D., San Francisco, Cal.

Dr. Charles B. Kelsey, N. Y. City

Dr. Orson F. Cobb, West Troy, N. Y. and A. R. Layton, Esq., proposed by Dr. E. H. M. Sell.

Hon. S. S. Cox, the American Minister to Turkey was elected a Corresponding member, on recommendation of Mr. Clark Bell, approved by the Executive Committee.

The Chair named as Tellers to conduct the election. John D. Coughlin Esqr., Wm. F. Holcombe, M. D., and Fred. G. Smedley Esqr., to whom the Corresponding Secretary delivered the ballots that had been received by him.

Vice-President Clark Bell, reported to the meeting that he had received a letter from Dr. Alice Bennett, enclosing her ballot in a sealed envelope which she desired him to vote, and asked the wish of the Society. On motion of R. B. Kimball, it was unanimously resolved that Mr. Bell be authorized to vote for Dr. Alice Bennett, and Mr. Bell cast her vote.

Mr. Bell reported that he had received from Dr. A. M. Fernandez, from New Orleans, La., from Dr. Carl Von Klein, of Cincinnati, Ohio, letters enclosing their ballots, with a request that he should vote them at the annual meeting, which letters were read. On motion of R. B. Kimball, it was unanimously resolved that Mr. Bell be authorized to cast the ballots of Dr. Von Klein and Dr. Fernandez, and Mr. Bell cast their ballots.

Mr. Bell stated he had received from E. N. Dickerson Esq. and Mr. David Dudley Field, notes enclosing their ballots, on which they had written their names and desiring him to vote for them at this meeting. The ballots were presented signed by them and Mr. Bell asked the wish of the Society.

On motion of Mr. R. B. Kimball, it was moved and carried that Mr. Bell be authorized to cast the votes of Messrs. Dickerson and Field, and Mr. Bell voted the ballots.

Mr. Bell stated he had received that afternoon, a written request from Mr. Simon Sultan, addressed to the Assistant Secretary, asking that officer to deliver to Mr. Bell his election list and envelope, to be voted and that he had authorized Mr. Bell to vote the same for him as he could not be present, and a similar letter from Dr. Henry R. Stiles.

That he had delivered these written requests to the Assistant Secretary before the session and asked that officer to deliver the election lists and envelopes of these

gentlemen as requested, who had declined to do so, alleging that he had not brought the envelopes and lists to the meeting and Mr. Bell asked the wish of the Society.

Mr. R. B. Kimball moved that Mr. Bell be authorized to cast the ballot of Mr. Simon Sultan which was carried and Mr. Bell cast the ballot.

J. E. McIntyre moved that the vote by which Mr. Bell had cast the ballot for members be reconsidered which was debated.

Mr. McIntyre made formal protest against the action of the Society in receiving the votes of Mr. Dickerson and Mr. Field.

On suggestion of Col. Willis, it was unanimously consented that Mr. Bell have leave to withdraw the vote of Mr. Simon Sultan and Mr. Bell withdrew the vote from the Tellers.

Col. Willis then moved to lay the motion to reconsider upon the table, which was carried.

Vice-President Bell then, by leave of the Society, read a translation of the paper submitted by Prof. Lefebvre, to the Congress held at Antwerp under the auspices of the Belgian Society of Mental Medicine, upon the "Best Basis of International Statistics of the Insane."

Also a resume of the proceedings of that Congress, appointing an International Committee on International Statistics of the Insane and an acceptable classification of Mental Diseases, composed as follows:

Dr. D. Hack Tuke, of London, for England;

Dr. Guttstadt, of Berlin, for Germany;

Prof. Dr. Benedict, of Vienna, for Austria;

Dr. Magnan, of Paris, for France;

Dr. Valdemar Steenberg, of Copenhagen, for Scandinavian countries;

Dr. Mierzejewski, of St. Petersburg, for Russia;

Dr. Ramaer, of the Hague. for Holland;
Dr. Sola of Buenos Ayres, for South America;
Hon. Clark Bell, for North America;
Prof. L Wille, of Basle, for Switzerland;
Prof. Andrea Verga, Senator of Milan, for Italy;
and a translation of a letter just received from B. C. Ingals, M. D. Secretary of the Belgian Society, requesting Mr. Bell to obtain the co-operation of scientific societies in North America interested in the subject, and governments, to co-operate in the labors of the International Committee appointed at that Congrass.

Also a communication from Mr. Bell as a member of that committee requesting the co-operation of the Medico-legal Society in the labors of that committee.

Mr. Bell moved the appointment of a committee of three by the chair, who should co-operate with the International Committee, which was unanimously adopted.

The Chair subsequently appointed as such committee,
Pliny Earl, M. D., of Northampton State Asylum, of Mass.;
Dr. Alice Bennett, Supt. Penn State Insane Hospital, of Norristown, Pa.; and
Dr. Chas.H. Hughes, Editor of *Alienist and Neurologist* at St. Louis, Mo.

Mr. Bell moved that the paper of Prof. Lefebvre and the whole subject matter of classification of Mental Diseases, and International Statistics of the Insane, be referred to a committee of seven, to be named by the chair, who should make a careful report to the Society, which was unanimously adopted.

The Chair subsequently appointed as such committee,
Dr. A. E. McDonald, of the N. Y. City Lunatic Asylum, Ward's Island, Chairman;
Hon. Clark Bell, of N. Y.;
Dr. Jennie McCowen, of Davenport, Iowa;

Dr. Ira Russell, of Winchendon, Mass.;

Dr. Stephen Smith, State Commissioner in Lunacy of N. Y.;

Dr. W. R. Birdsall, President Neurological Society of N. Y.; and Dr. T. H. Kellogg, of N. Y.

The tellers made report of the election as follows:

That 59 votes were cast, of which

For President: Dr. Isaac Lewis Peet received 26 votes; Dr. Stephen Smith received 18 votes; and Dr. J. M. Carnochan received 12 votes;

For Vice-President: Mr. Clark Bell received 37 votes; Hon. D. C. Calvin received 18 votes; scattering 4 votes;

For 2nd Vice-President: Dr. Andrew H. Smith received 45 votes; W. E. Davis received 6 votes; and scattering 8 votes;

For Secretary: Leicester Holme Esqr. received 27 votes; J. E. McIntyre received 29 votes; and scattering 3 votes;

and that the following officers had received a majority of all the votes cast, viz:

For Assistant Secretary, Arthur C. Butts, Esq.

For Corresponding Secretary, Morris Ellinger, Esq.

For Treasurer, Dr. J. A. Irwin.

For Curator Pathologist, Dr. E. H. M. Sell,

For Chemist, Dr. C. A. Doremus,

For Librarian, Dr. Chas. F. Stillman,

For Assistant Librarian, Appleton Morgan Esq.

For Trustees, Roger Foster Esq Chas. H. Milne, M.D.

For Permanent Commission, John M. Carnochan, M. D. Benj. A. Willis, Esq.

The report of the Tellers was approved.

Dr. J. M. Carnochan stated that he supposed it was well known that he was not a candidate for the Presidency and that members had, doubtless, voted for him under

a misapprehension. That as Dr. Stephen Smith had also declined to allow his name to run for the Presidency, by a note to Mr. Bell, read at the executive meeting when a large attendance of officers was present, he thought the best interests of the Society would be served as there had not been a majority of votes cast for the office of President as required by the By-Laws, that the Society should proceed to elect a President by ballot, and that Dr. Peet should be unanimously elected.

Dr. Carnochan moved, that we do now proceed to the election of of a President, and that the Secretary be requested to cast the ballot of the Society for the office of President, unanimously for Dr Isaac Lewis Peet, which was unanimously adopted, and Dr. Isaac Lewis Peet was, after ballot, declared unanimously elected.

Dr. J. A. Irwin who had been elected Treasurer, declined the election, but on suggestion of several members consented to serve until some selection could be made of his successor.

The hour fixed for the annual banquet having passed, and guests being in waiting, it was moved that the Society adjourn, to attend the annual banquet.

LEICESTER HOLME,
Secretary.

MEDICO-LEGAL SOCIETY OF NEW YORK.

PRESIDENCY OF PROF. R. O. DOREMUS.

The January meeting of the Medico-Legal Society was held at Bellevue Hospital Medical College on January 20th, 1886.

President Prof. R. O. DOREMUS in the chair.

The minutes of the annual meeting were read and on motion by unanimous consent the usual business of the

evening was deferred until after the addresses were made by reason of an unusually large attendance of invited guests.

President Prof. R. O. Doremus made his retiring address at the close of which he introduced President elect Dr. Isaac Lewis Peet, LL.D., who assumed the chair and pronounced his inaugural address.

The business of the meeting was taken up and a motion was made to approve the minutes of the December meeting as read by Leicester Holme, Secretary.

J. E. McIntyre moved that that part of the minutes which showed that no choice had been made at the annual meeting for the office of Secretary, by reason of neither of the candidates having received a majority of all the votes cast be stricken out. The written report of the tellers was read showing that the minutes were correct in that respect. After informal discussion on motion of Dr. Carnochan, the whole matter was laid on the table until the next regular meeting.

Mr Butts moved that until the next regular meeting Mr. Holme act as Secretary. Mr. McIntyre objected, insisting that all books and papers be turned over to him and that he was Secretary; after debate Mr. Butts' motion was carried. Mr. Kimball moved the reconsideration of the vote to postpone the approval of the minutes, and lay the matter on the table till next meeting, which was carried.

On motion, the minutes of the December meeting were then approved.

It was moved and carried that as no choice was made at the annual meeting for Secretary; that the Society proceed to the election of a Secretary by ballot. Mr. R. B. Kimball and Mr. A. C. Butts were appointed tellers by the Chair, and the society proceeded to ballot for said office, the tellers, after counting the votes, reported to

the society that Mr. Leicester Holme had received all the votes cast for the office, and he was declared by the President duly elected Secretary of the society.

Mr. J. E. McIntyre protested against this action and claimed that he was Secretary, and demanded the books and papers. He was on motion given permission to file a formal protest if he so desired.

The Chair announced the report of the Executive Committee, recommending an amendment to Sec. 2, of Article III, of the Constitution by inserting the words "one half" after the words "payment of the sum of" so that the last clause of the section would read, "upon payment of the sum of one-half the annual dues of active members." The consideration of the amendment of the section went over one month, pursuant to the provisions of the constitution requiring one month's notice.

Vacancies in the office of the trustees made by the resignation of Dr. J. Clark Thomas and Dr. Edward Bradley were announced, elections for which under the rule went over to the February meeting. Professor Doremus announced that Dr. J. A. Irwin had refused to accept his election as Treasurer, and that he had presented his resignation as Treasurer at the opening of the session which he as President had accepted, and that there was a vacancy in the office of Treasurer.

The annual report of the Treasurer was submitted in his absence and filed.

The annual report of the trustees and of Library Committee were read and filed, and of the Committee on the publication of series 2, Medico-Legal papers which was reported to be nearly completed.

The Society adjourned.

LEICESTER HOLME,

Secretary.

MEDICO-LEGAL SOCIETY.

PRESIDENCY OF DR. ISAAC LEWIS PEET, L.L.D.

February 17, 1886. Session at College of Physicians and Surgeons. The minutes of the January meeting were read and after discussion, unanimously approved. On recommendation of the Executive Committee, the following members proposed by Mr. Clark Bell, were unanimously elected:

Active—Charles R. Allison, Esq., of New York; Corresponding—A. Lacassagne, Professor of Medical Jurisprudence, Lyons, France; Henry Contagne, M. D., Medical Jurist, Lyons, France; Signor E. Ferri, Professor of Criminal Law, at the University of Sienne, Italy.

The second Section of Article III of the Constitution was amended by unanimous vote, entitling Honorary and Corresponding members of the Society to have the printed transactions delivered to them upon payment of one-half the dues of active members, viz.; $2 00 per annum, as moved at the January meeting.

The paper of the evening entitled, "WHAT THE STATE OWES THE PEOPLE, AND WHAT THE PEOPLE OWE THE STATE," was then read by the Hon. ERASTUS BROOKS, which was discussed by B. A. Willis, Esq., and Dr. J. A. Irwin.

MR. CLARK BELL presented a paper contributed by Corresponding Member ENRIQUE A FRIMONT, of Ozulu ama, Mexico, entitled "INEBRIETY AND RESPONSIBILITY," under the Penal Code of VERA CRUZ, (MEXICO) which was read.

On motion of H. A. C. Butts, Esq., a vote of thanks was tendered Hon. ERASTUS BROOKS for the paper presented.

MR CLARK BELL read letters received from the families of our distinguished late Corresponding members, announcing their death. Viz:—

1. General Procurator, of Austria, Dr. Julius Glaser, of Vienna. Mr. Bell spoke of the life and character of Dr. Glaser, the high position he held in Vienna, and read extracts from the Austrian Journals, in mourning, announcing his death, and expressing the public loss felt in that country at his untimely death in the midst of his labors.

Mr. Bell alluded to his works, a copy of which had been sent to him; and to his correspondence with Dr. Glaser, regarding these (and the science), and expressed the profound regret which the intelligence had caused in the Society as well as throughout the German speaking countries.

2. Prof. Dr. Axel Jaderholm, of Stockholm, Sweden, who had but recently been elected our Corresponding Member, and read extracts from recent letters received from him, spoke of the general grief that this announcement would cause in Sweden, and alluded to the high estimation in which he was held everywhere, throughout the world.

3. General Staats Anwalt Schwartz, of Dresden, Saxony, a distinguished Jurist of Dresden, who held high official position in Saxony, was one of the editors of "Der Gerichtssaal," and one of our most esteemed and distinguished Corresponding Members.

It was moved and carried unanimously, that the Corresponding Secretary send to the families of our lamented and deceased Corresponding Members, an expression of the profound regret which the Society felt upon the receipt of the sad intelligence of their death.

The Society, on motion, authorized the President, Dr. Peet, and Mr. Clark Bell to make arrangements for a place of future meetings of the Society.

Mr. Bell reported that he was conducting negotiations

with various parties with a view of obtaining a desirable permanent location for the Library of the Society, so as to make it more accessible to members and to increase donations and additions thereto

It was voted that Mr. Clark Bell and Dr. Peet be authorized to conduct said negotiations, and report their action and recommendations to the Society for its approval.

Dr. Sell moved the appointment of a committee of seven to examine into the question of the election of the Secretary of the Society, to report at a special meeting to be called by the President, which was carried.

The President appointed Dr. Sell, Mr. Clark Bell, Dr. Wm. F. Holcombe, Jno. D. Coughlin, Esq., F. G. Smedley, Esq., B. A. Willis, Esq. and Judge A. C. Butts.

Mr. Butts declined to serve, and Jno. F. Baker, Esq, was named in his place. Mr. Bell declined to serve. and Wm. G. Davies, Esq., was appointed in his place.

Dr. M. J. B. Messemer was elected Trustee, to fill the vacancy caused by the resignation of Dr. J. Clark Thomas.

Dr. H. S. Oppenheimer was elected Trustee, to fill the vacancy caused by the resignation of Edward Bradley.

The vacancy in the office of Treasurer was announced and Dr. J. A. Irwin and A. S. Hammerly, Esq., were nominated for that office.

Judge A. C. Butts, Assistant Secretary, was on motion empowered and directed to act as Treasurer, until a Treasurer is elected.

Society adjourned.

Leicester Holme,

Secretary.

MASS. MEDICO-LEGAL SOCIETY.

Rooms of the Boston Med. Lib. Ass'n,

Boston, February 3d, 1886.

The meeting was called to order at 12.05 P. M. by President Winsor. 29 members were present. Records of the last meeting were read and approved.

The Secretary read a communication from Clark Bell, Esq., of the New York Medico-Legal Society, requesting the appointment of two members of this Society to act with him in preparing statistics concerning the insane, in conformity with the plan offered at the International Congress, held at Antwerp, Belgium.

On motion of Med. Exr. Tower, the President was appointed one of a committee of two to communicate with Mr. Bell upon this subject. On motion of Med. Exr. Draper, Med. Exr. Ira Russell, of Winchendon, was appointed as the second member of this committee.

Med. Exr. Paddock read a paper upon "The Dunbar Case." The case was of interest, from the fact that it was difficult to determine from post-mortem appearances alone, whether it was a suicide or homicide. The essayist, in a very careful and interesting paper, gave his reasons for favoring the view of suicide. The paper was received with applause by the Society.

Med. Exr. Fish read a paper upon the same case, giving a very ingenious explanation of the method which, in his opinion, the suicide employed to effect his purpose. The paper commanded the close attention and applause of the members.

The papers were discussed by members Holmes, Brenson, Hurd, Adams, Paddock, Fish, Tower, Winsor, Harris and Abbott.

On motion of Med. Exr. Holt, Dr. J. L. Sullivan, of Malden, ex-Medical Examiner, was made a regular member of this Society by a unanimous vote.

Med. Exr. Harris made a verbal report of a case of resuscitation of an infant 9 or 10 days old who was exposed to the cold and wet of Jan. 31st and Feb. 1st for 28 hours without nourishment.

Voted to adjourn.

W. H. TAYLOR,
Recording Secretary.

SOCIETE DE MEDICINE LEGALE DE FRANCE.

This Society has elected its officers at the Session held December 14, 1885, and they are as follows for 1886:

President.—Dr. Blanche.

Vice-Presidents.—Horteloup, Magistrate; Dr. Pollaillon.

Secretary.—Dr. Gallard.

Secretaries of Session.—Dr. Le Blond; Dr. Socquet.

Archiviste.—Joseph Lefort, Avocat.

Treasurer.—M. Mayet, Pharmacist.

Council.—Messrs. Blanche, Horteloup, Magistrate; Pollaillon, Chaude, Advocate; Benoist, Magistrate; Boudet, Advocate; Faret and Motet.

Permanent Commission.—Dr. Blanche, Dr. Gallard, M. Boudet, Advocate; Dr. Brouardel, Dr. Ach Foville, Dr. Langier, Dr. Lutaud, Dr. Pinard, Dr. Pollaillon, M. Rocher, Advocate; Dr. Vibert Yvon.

Committee on Publication—Messrs. Gallard, LeBlond, Jules Lefort, Meignen, Ponchet and Socquet.

Session of March 8, 1886, at 4 o'clock P. M., at the "Palais de Justice."

ORDER OF THE DAY.

1. Election of six Corresponding members.
2. Report on Corresponding members.
3. Discussion on Poisoning by Colchicine.
4. Analysis by Mr. Bouchereau on the work of M. Closmdene, upon the "*Proces des Sorciers de L'orient.*"
5. Report by M. Brouardel, upon a case of Medical Responsibility.
6. Report by M. Descouts upon a case of Asphyxie by Strangulation.
7. Report by M. Masbreneir upon the affair of the brothers, Plelzer, of Brussells.

THE CONGRESS OF CRIMINAL ANTHROPOLOGY.

This most important Congress was held at Rome last November, having received the sanction of more than seventy Savants, Physicians, Judges, Lawyers and Jurists, was composed mainly of Italian Scientists of distinction, aided by prominent names from England, France, Germany, Austria and Russia. The officers were:

Honorary Presidents.—Roussell, Moleschott, LaCassagne, Albrecht, Motet, Benedikt, Magitol, Riger, Holtzendorff, Buonomo, Anguilli, Verga, Biffi, Tamburini, Raggieno, Morselli.

Acting Presidents.—Lombroso and Ferri.

Vice-Presidents.—Sergi, Sciamanna, Garofolo and Pugliese.

Secretaries General—Mayor and Porto.

Secretaries of Sciences.—Couette and Fioretti.

A Committee was selected, who divided the questions for the consideration of the Congress, into two parts, Biology and Criminal Sociology.

The first Section of questions were:

1. What Category should be made of Criminals, and by what essential organic or physical characteristics should they be distinguished?

(Reporters upon this: Romieti, Marro, Lombroso and Ferri.)

2. Is there any predisposition to crime, as a pathological or physiological condition? Define origin and characteristics of such a condition.

(Reporters Sergi and Taverni.)

3, How should we classify human action as determined by the emotions? How far does moral education regulate or influence the passions, and indirectly criminal acts?

(Reporters Sciamanna and Sergi.)

4. Is the number of suicides increased in inverse ratio to the number of homicides?

(Reporter Morselli.)

5. Regarding epilepsy and moral insanity in the prisons and Insane Asylums.

(Reporters Tonnini and Frigerio.)

6. Simulation of Insanity.

(Reporters Venturi, Marro, Solivetti.)

7. The utility of founding in Italy a Museum of Criminal Anthropology. (Reporter Sergi.)

8. The influence of Climatic and Economic Causes upon Crime in Italy.

(Reporter Rossi.)

In the second Section the questions selected were as follows:

1. Whether Criminal Anthropology should be accepted in the new Italian penal code, and its utility.

(Reporters Garofalo, Pavia, Puglia and Porto.)

2. The practical results of positive theories upon Criminal pcoceedings at present.

(Reporters Ferri, Porto. Pugliese

3. The role of the Medical Expert in Judicial proceedings.

(Reporters Pasquali, Tamassia, Guiriati and Filippi.)

4. The best means of obtaining compensation for crime.

(Reporters Pasquali, Venezian and G. Fioretti.)

5. What are the best means of preventing second offenses?

(Reporters Barzilai, Benelli, Brusa.)

6. Political offenses.

(Reporters Laschi and Lombroso.)

7. If and how we should admit in penitentiaries those who had devoted themselves to the study of criminal law.

Mr. Motel made an address upon Criminal Anthropology.

It was decided to hold the second Congress of Anthropology at Paris in 1889, at the time of the International Exposition.

(*Archives de l' Antropologie Criminelle.*)

THIRD ANNUAL MEETING OF THE SOCIETY FOR PROMOTING THE WELFARE OF THE INSANE.

Dr. Amelia Wright, President in the Chair.

The meeting was held at the house of Dr. Brinkman, 219 West 23rd, St., Tuesday evening Dec. 8th, 1885.

A fair representation of the Society with several strangers were present. Minutes of the meetings held June 9th, and Oct. 13th, 1885 were read and approved. Harriett E. Brown, M. D., of 440 Franklin Ave. Brooklyn and Mr. John R. Howard, of 27 Park Place were elected members. Clark Bell Esq, Dr. B. F. Dexter, Mrs. E. B. Grannis, and Isaiah T. Williams Esq, were nominated for membership. Opening remarks—stating the objects of the Society were made by the President Dr. Wright. Dr. Stiles Chairman of the Committee on Lunacy reported several cases of advice and consultation together with one special case which had been investigated by the Committee.

The Publication Committee Dr. Wait, Chairman, reported a number of papers awaiting publication whenever the funds of the Society would permit.

The Committee on Medical Education, Dr. Carleton, Chairman—reported through a member of the Committee that Circulars had been sent to about one hundred Medical Colleges in this Country, answers having been received to about three fourths of them. From these answers it appears that not over one third of the Medical Colleges of this Country, have any lectures or instruction given to their pupils on the subject of insanity.

The Committee appointed to visit the Richmond County Poor House, Mr. Bowne Chairman—reported that the Committee were well received and found the place clean and comfortable; but, that the rooms complained of, were three and a half feet below the surface of the ground, rendering them unsuitable for the occupation of patients awaiting commitment to Asylums.

The Secretary made her annual Report, as follows:—

TO THE MEMBERS OF THE SOCIETY FOR PROMOTING THE WELFARE OF THE INSANE.

Dear Friends :

At this, the third Anniversary of our Society, the Secretary desires briefly to report, as follows :

The Society has made no public display of its work, but has gone forward steadily, firmly and harmoniously, laying foundations for future structures. The meetings have been regularly held, and although not large in numbers, have been full of wise counsels.

Throughout the year there have been continued accessions to our membership, of persons whom we are proud to claim as belonging to us. They bring to us intelligence, sincerity and judicious help, and last, but not least, money, which, though the love of it is reputed as "the root of all evil," is certainly in itself an aid to much good.

The provisions of our Charter give us a wide scope for our labors, but we have necessarily selected such departments of the work as are most pressing at this time. Ignorance of insanity is the general condition of our great public;—not of the people only, but of our physicians also. Our good practitioners of medicine who come into our families at our call, are not allowed to learn the nature of mental disease and the remedies for it. They are required at once to banish their insane to the precincts of prisons, where the doctors are so entangled by law, and so influenced by financial interests, that it is difficult to tell whether they are most anxious for the speedy recovery of their patients, or for filling the coffers of their institutions, and their own personal pockets.

By thus consigning all the insane to prison—asylums, a clique of interested experts is formed, outside physi-

cians are robbed of practice which should be theirs, and patients are kept for years in prison, without friends, without jury, without legal counsel, without medical counsel, and without the most common privileges of this free country.

In view of this deplorable condition of the alleged insane, our Chairman of the Committee on Medical Education, has, within the past year, written to every Medical College in the United States—of which there are nearly, or quite, a hundred—calling the attention of these Colleges to the necessity of instructing all Medical students in the pathology of mental disease, and of requiring all such students to be as well qualified to treat insanity as to treat other maladies.

Also, in view of the apathy and ignorance of physicians at large, this Society prepared Circulars, asking important questions relating to the treatment of the insane in the State of New York, and voted that the Secretary should send one of these Circulars to the Secretary of every County Medical Society in the State. The Secretary sent over one hundred of these Circulars, each accompanied by a letter, to the Secretaries of the various County Medical Societies. Twenty-five replies have been received. Of these, some expressed hearty endorsement of our efforts, some promised Committees for action in the investigation necessary, while others asserted that all information sought could be obtained in public documents. To show the fallacy of this last statement, we here repeat the points that our Circulars required to be ascertained:—

"1st.—The characters and disposition of attendants and keepers of the insane.

"2nd.—The character (quality, quantity, cooking and physiological appropriateness) of the food furnished.

"3rd.—The extent to which restraint, or any form of correction, is used.

"4th.—The extent to which occupation, amusement and out-door exercise are furnished.

"5th.—The extent to which communication with friends (either by letter or by personal visits,) is allowed."

Now if information on any one of these points can be obtained from public documents, the Secretary fails to know where such documents can be found. And yet, every one of these points should be known to every physician who commits a patient to an insane asylum, and no physician has a moral right to consign a patient to any place where these points cannot be ascertained.

The Medical Society of Richmond Co., proved a pleasing exception to all the others. In this County a Committee was appointed and Dr. Millspaugh reported. He replied to each point separately, and closed by speaking of the "vile cells" in which the alleged insane were kept while awaiting examination as to their insanity.

Our Society responded by appointing a Committee to visit these "cells," and report. But before our Committee reached the place, news of Dr. Millspaugh's Report had got into the newspapers and to the cognizance of the State Charities Aid Associations, as well as to the keepers of the condemned place, and our Committee found the "vile cells" renovated and made into well-warmed, comfortable rooms. The only complaint our Committee could make was that the rooms were 3½ feet below the surface of the ground, a condition which we hope will eventually be remedied. Thus Dr. Millspaugh's letter was productive of much good.

The Secretary also begs leave to Report that about a year or two ago, she received a visit from an attendant recently discharged from Ward's Island Lunatic Asylum.

This attendant made many statements showing the terrible condition of the patients in that asylum. Several other ex-attendants, at different times, called upon the Secretary and told corroborative tales. One of these, Mr. Charles A. Berghold, was a man of unusual intelligence. His veracity was vouched for to the Secretary by the State Commissioner of Lunacy, as well as by the Episcopal clergyman, Chaplain at the Island.

The Secretary appealed to the State Board of Charities to give Mr. Berghold a hearing. The Board consented. Mr. Berghold went before the Board, was sworn, and testified. But when the Secretary asked to see this testimony, and that it be made public, the request was denied. The Secretary here asks this question:—

"Has the State Board of Charities, being but the servant of the people, any right to conceal from the people, testimony directly relating to the secret doings of the inner halls of the people's institutions?"

The Secretary believes the State Board of Charities has no right to conceal this testimony.

The Committees of Publication and Finance have but brief Reports. The funds of the Society are chiefly derived from the annual dues. The President reports a donation of a hundred dollars. The donors have been made Life-Members.

M. Eugenia Berry, *Secretary.*

The address of the evening was delivered by Edward P. Wilder, Esq., in which he forcibly stated his views regarding the care and treatment of people alleged to be insane and committed to Asylums, and drew vivid comparisons between the treatment of the sick in other Hospitals as compared with that of the insane—in Hospitals for the Insane.

Remarks were made by Clark Bell Esq. He stated

that for many years he had been interested in the treatment of the Insane and was encouraged by seeing such a Society as this—it being an indication of advance in public sentiment.

Rev. Dr, Flagg thought the Society should give some positive and trenchant blows for the cause in which they had enlisted.

Mr. Clark Bell laid before the body the action of the Antwerp Congress regarding basis of International Statistics of the Insane and asked the Society to appoint a Committee of two to co-operate with the International Committee appointed by the Antwerp Conference. E. P. Wilder Esq, and Henry R. Stiles, M. D., were appointed such Committee.

Officers and Managers for the year, were elected as follows: President, Amelia Wright, M. D.; 1st Vice-President, Edward P. Wilder Esq.; 2nd. Phœbe J. B. Wait M.D.; 3d. Mary A. Brinkman, M.D.; 4th. Wm. Jennings Demorest, Esq. Secretary, M. Eugenia Berry. Treasurer, James G. Brinkman. Managers, Henry R. Stiles, M.D.; Edward Bayard, M.D.; Edmund Carleton, M. D.; Madame Demorest; Mr. John Bowne; Mr. John R. Howard; Mrs. E. P. Wilder; Mary F. Mann, M. D.

Adjourned—

M. Eugenia Berry, *Secretary.*

Life Members.—Henry R. Stiles, M.D.; Geo. W. Banker, Esq.; Mr. W. G. Demorest; Edward P. Wilder, Esq.; Madame Demorest; Miss Marie Wells.

Honorary Members.—Miss Elizabeth P. Peabody, Boston, Mass.; Mrs. Horace Mann, Boston, Mass.; Mrs. Elizabeth Thompson, New York; Dr. Nathan Allen, L.L.D., Lowell, Mass.; Miss Mary A. Brigham, Lowell, Mass.

Corresponding Members.—Miss Mary A. Brigham, Lowell, Mass.; Rev. Phœbe A. Hanaford, New Haven, Conn.; Mary J. Safford, M.D., Boston, Mass.; John P. Cooke, Boston, Mass.; Charles M. A. Twitchel, Somerville, Mass.: Seely B. Patterson, Quinnimont, W. Va.

STANDING COMMITTEES.

Lunacy.—Henry R. Stiles, M.D.; Amelia Wright, M. D.; Edward P. Wilder, Esq.; Edward Bayard, M.D.; Edmund Carleton, M.D.; Madame Demorest.

Medical Education.—Edmund Carleton, M.D.; Mary A. Brinkman, M.D.; Mr. John Bowne.

Publication.—Phœbe J. B. Wait, M.D.; Mrs. M. Eugenia Berry; Mr. John R. Howard.

Finance.—Mr. Wm. Jennings Demorest; James G. Brinkman, Esq.; Mrs. M. E. Berry.

BY-LAWS.

ARTICLE I.

NAME.

This Association shall be known as the "Society for Promoting the Welfare of the Insane."

ARTICLE II.

OBJECTS.

The objects of this Association are as follows, viz.: To improve the treatment and condition of the Insane; and, to that end, to promote the diffusion of an accurate knowledge of mental diseases among the public; the securing of a more intimate and scientific study

of these diseases by the Medical Profession; a better recognition by the State and by the Community of the legal and personal rights of the Insane; the improvement in every practicable way of the present systems of Asylum management; the revision and perfecting of existing Lunacy Laws; the establishment of properly organized State Boards of Lunacy; the collection of all information concerning the treatment and management of the Insane in asylums and elsewhere in this State; to investigate such cases of alleged wrong or injustice to those under the ban of insanity as may come or be brought to their notice; to stimulate and encourage a more scientific, thoughtful and beneficent attitude on the part both of the Public and the Medical Profession towards the Insane; and, by means of such publications as may be deemed proper, to utilize and disseminate the results of its investigations and efforts for the benefit of Science and Humanity.

ARTICLE III.

OFFICERS.

The Officers of this Society shall consist of a President, four Vice-Presidents known as 1st, 2d, 3d and 4th, in the order of their election, a Secretary and a Treasurer, all of whom shall be elected by individual ballot at the annual meeting.

ARTICLE IV.

MANAGERS.

The Society shall have a Board of Managers, consisting of the Officers of the Society and eight other members. They shall be elected by individual ballot at the annual meeting; and shall have control and management of the affairs and funds of the Society.

ARTICLE V.

COMMITTEES.

The Board of Managers shall elect from their members the following standing committees, viz.: a Finance Committee of three lay members; a Publication committee of three members, of whom two shall be laymen and one a physician; a Committee on Medical Education of three members, of whom two shall be physicians and one a lay member, and a Committee on Lunacy of six members, of whom three shall be physicians. The time of service of each committee shall be one year, or, until their successors are elected, and their duties shall be such as are prescribed in the By-laws of the Society.

ARTICLE VI.

MEMBERS.

Candidates for membership may be proposed at any regular meeting; and, if the proposal be seconded, shall be balloted for at the next regular meeting. A three-fourths affirmative vote of the members present shall be necessary to an election. The Secretary shall record in the minutes the names of the proposer and seconder as well as of the candidate.

ARTICLE VII.

CORRESPONDING AND HONORARY MEMBERS.

Persons not resident in the State may become Corresponding or Honorary members of the Society. Such members shall be exempt from payment of dues and shall not be entitled to vote.

ARTICLE VIII.

MEETINGS.

This Society shall hold its meetings on the second Tuesdays in October, December, February, April and June. Its annual meeting shall be held in the City of New York on the second Tuesday in December.

Special meetings may be called by the President on the written request of five members; but no business shall be transacted at any such meeting other than that named in the call.

ARTICLE IX.

QUORUM.

Seven members shall constitute a quorum at a meeting of this Society. Five members shall constitute a quorum at a meeting of the Board of Managers.

ARTICLE X.

FEES.

The annual dues of this Society shall be two dollars. The payment of $20.00 shall constitute a life member.

ARTICLE XI.

DUTIES OF THE OFFICERS.

President.—It shall be the duty of the President to preside at the meetings of the Society.

Vice-Presidents.—The Vice-Presidents in their order shall discharge the duties of President in the absence of that officer.

Secretary.—It shall be the duty of the Secretary to give notice of the meetings of the Society; to keep a record of its proceedings; to conduct and keep copies of its correspondence and to have charge of its archives.

Treasurer.—The Treasurer shall have charge of the money of the Society; collect the annual dues, pay all bills when duly certified by the President and Secretary and report the same in writing at each annual meeting or oftener if required. He shall keep a record in proper books of all his transactions, which record shall be open to the inspection of any member of the Board.

ARTICLE XII.

DUTIES OF STANDING COMMITTEES.

Committee on Finance.—It shall be the duty of the Committee on Finance to obtain the requisite funds for carrying on the purposes and work of the Society, to deposit the same with the Treasurer and to audit the accounts of the Treasurer annually or oftener if required.

The Publication Committee.—All matters proposed for publication shall be referred to the Publication Committee.

Committee on Medical Education.—It shall be the duty of the Committee on Medical Education to endeavor to enlist the co-operation of medical colleges, as well as of the medical profession, in securing a better education of physicians in the department of mental diseases.

Committee on Lunacy.—It shall be the duty of the Committee on Lunacy to collect information relative to the prevalent methods of treating the Insane; to investigate abuses growing out of the present system of asylum management; to make inquiries concerning such wrongs alleged to be inflicted on insane persons, as may come to their knowledge, or as the Society may direct.

ARTICLE XIII.

ORDER OF BUSINESS.

The following shall be the order of business at a regular meeting:

1st. Reading and approval of minutes.
2d. Nomination and election of members.
3d. Report of Treasurer.
4th. Reports of Committees.
5th. Reading of Papers.
6th. Miscellaneous business.
7th. Election of Officers and Managers.

ARTICLE XIV.

SUSPENSION OF THE ORDER OF BUSINESS.

The above order of business may at any time be suspended by a two-thirds vote of the members present.

ARTICLE XV.

Members taking part in discussions will confine themselves to five minutes unless, through the courtesy of the Society, the time be extended.

ARTICLE XVI.

FILLING OF VACANCIES.

Vacancies in the Board of Officers and Managers may be filled at any regular meeting of the Society.

ARTICLE XVII.

AMENDMENTS.

By-Laws may be enacted, repealed or modified by a majority of the members present at the annual meeting,

provided notice of such proposed enactment, repeal or modification shall have been given in writing to the Society at a previous regular meeting; but no By-Law shall be suspended at any meeting except by the vote of two-thirds present.

ARTICLE XVIII.

PARLIAMENTARY RULES.

The usual parliamentary rules shall be observed in the transaction of business.

ARTICLE XIX.

HOUR OF MEETING.

The hour of meeting shall be eight o'clock; and the time of closing ten o'clock, unless the time be extended by a vote of the Society.

The following are the titles of Papers which have been read before the Society:

"Paper by Secretary." Feb. 13, 1883.

"Inside Views of Insane Asylums," by Edward A. Bundy, Esq. Feb. 13, 1883

"Bill—Demanding Trial by Jury for the Insane before Commitment," by Edward P. Wilder, Esq.

"The Need of Certain Improvements in the Care of the Insane," by Henry R. Stiles, M.D. March 20, 1883.

"Some Evils in our Asylum System," by Phœbe J. B. Wait, M.D. June 12, 1883.

"Suggestions Regarding the Better Employment of the Insane," by —— ——. Oct. 9, 1883.

"Treatment of the Insane," by Miss Mary A. Brigham. Feb. 12, 1884.

"Medico-Legal Journal of Dec. 1883," by Mrs. M. Eugenia Berry, Feb. 12, 1884.

"The Trial of Insanity by Jury," by Edward P. Wilder, Esq. April 8, 1884.

"Chloral—Bromide of Potassium—Morphine—Whiskey—Physicians," by Mrs. M. Eugenia Berry. April 8, 1884.

"Report of a Case of Insanity Cured," by Dr. Juliet P. VanEvere.

"How a Lawyer Failed to Get at his Client," by Mrs. M. Eugenia Berry.

MRS. M. EUGENIA BERRY, *Sec'y*,

115 East 31st Street,

New York City.

EDITORIAL.

Finger Marks In Murder Cases.—Milanie Vieu denounced herself as the murderer of an infant child at Rodez France and was sent to prison.

Dr. Desmont, medical jurist, declared on examination, that while the child had been strangled the finger marks conclusively showed that it could not have been done by its mother.

The marks indicated short, thick fingers, with a short index finger devoid of a nail, while the mother's were slender and delicately formed.

The mother finally admitted that one Bonnet, whose servant she was, strangled the child.

Bonnet was arrested. His index finger was found to be one centimeter shorter than normal and its nail had been destroyed by disease. He was convicted and sentenced to six years' imprisonment.

Sir J. Crichton Browne.—We are glad to notice that the honor of knighthood has been conferred upon one of our corresponding members.

This gentleman has been Lord Chancellor's visitor, and has been of service to the English Home Secretary in judicial questions.

Dr. Browne is one of the distinguished alienists of Great Britain. He is in all ways entitled to the distinction conferred upon him by the advice of the Queen of England, by her majesty's ministers.

Cocaine As A Toxic Agent.—Dr. Alexander Thompson reports a case in British Medical Journal (Jan. 8, 1886) of Toxic effects from a two per cent. solution of Cocaine, applied to an injured eye, in case of a healthy man of 25 years of age.

The Insane Colony At Gheel.—Dr. Hack Tuke, in January number of Journal of Mental Science, relates his observations of a visit to the Belgian Colony at Gheel which has excited so much interest upon the question of care, treatment and management of the Insane.

There are certain facts stated, that we commend to Legislators, State Boards of Charities, Alienists, and all Citizens who feel an interest in Asylum construction, or care of the Insane.

There were 1653 patients living in Gheel, in private families. They are under careful observation and inspection of Dr. Peters physician in chief, with competent assistants and a commission named by the Government, of Seven Commissioners, which is certainly more complete than our usual American Asylum system.

There are two clinics. Each in charge of a medical man with an assistant and six visiting attendants. Each patient must be seen at least twice a month and the curable, once in each week. Personal care, food sleeping etc., are left to the family in which the patient lives.

From Dr. Tuke's description, it may be safe to say, that the inmates of Gheel, would not be improved mentally or physically by a transfer to an Asylum.

Perfect freedom of movement is allowed the patients. No restraint whatever is practised, at Gheel. Since 1850 no succesful Homicide has been committed there.

Only one attempt has been made in 1878 and none since.—In all fires occurring at Gheel since 1850, no patient has been known to take any part in their production.

Suicides have been rare at Gheel. But three or four illegitimate births have occurred in the last ten years, where no precautions are thought necessary as to keeping the sexes apart.

It must not be lost sight of however, that Suicidal. Homicidal Incendiaries, those likely to escape or for whom restraint is deemed necessary are not elegible to go there.

Of the patients 72 per cent. are engaged in some occupation. About 400 men and 100 women work in the fields, and about the farms.

The cost to the Government of keeeping these patients last year as paid to the people of Gheel was about £28,800, being about $1.66 per week per patient. The receipts from patients amounted to £31,360 leaving an actual balance of £2,560.

These facts should be carefully studied and considered.

Conceding that all insane persons should not be confined in Asylums, and that enforced confinement must injure many minds, and retard or prevent recovery, would it not be well to inquire how far we could benefit the Insane, by introducing such an experiment as that so long maintained at Gheel?

These considerations are apparent, that, the patients at Gheel, are surely in better state and under better conditions than if confined to Asylums. The economy of the system contrasted with Asylum care, certainly is in favor of the Colony.

Every one familliar with the care of the Insane, knows the almost insurmountable difficulties in the way of properly caring for those of dirty and filthy habits.

This seems to be obviated in this Colony. An able Belgian Physician M. Lentz. Superintendent of the Asylum at Tournai, who certainly understands this subject, is quoted by Dr. Hack Tuke as saying: upon this subject. "*To place those of dirty habits in the family of a care taker or nurse is to remedy every inconvenience,*" while Dr. Hack Tuke, doubts this, it is entitled to great weight

We confess that we should be glad to see an American State make the experiment of Colony treatment, as near like that at Gheel as our different Social and national conditions could make possible.

LOCALIZATION OF BRAIN FUNCTIONS.

This subject is now attracting much scientific interest and inquiry.

The issues between the disciples of Munk and Ferrier in favor of Cerebral localization, and of those who with Goltz denied it, are ably described by the editorial in the January number of the New Princton Review.

EXNERS, theory is clearly stated, and advocated and the author claims that Hitzig's latest experiments with those of Lob. Kriworotow, Daniells and Lucani so throughly Coroborate EXNERS view as to leave little doubt of its correctness.—It is not claimed however that this localization is demonstrated, as to the psychical functions, except as to certain memories directly related to, and depending upon the same areas as the organs of Special Sense, and the writer claims that "In point of fact, it now would seem that there has at last been a way opened which will lead to an approximate solution of the long vexed and most important question of the localization of Cerebral function."

Dr. Buttotph in his paper read before the National Association of American Superintendents at its last session, in discussing the physiology of the brain based on the writings of Charcot, Alexander Exner, Richet, Beale, Paul Broca, Fritsch, Ferrier and Flourens, with the large practical knowledge of his life, devoted to the care of the Insane, takes the ground, that all modern scientific research tends to prove and establish the broader views of Gall and Spurzheim, as to their theories of Cerebral localization. A part only of Dr. Buttotph's paper appears in the January number of the American Journal of Insanity, but enough to show that Dr. Buttotph's views, favor advanced grounds on Cerebral localization.

We see the beginning of a great advance to be made in the known facts of the physiology, and the minute anatomy of the human brain, and do not doubt that the remaing fourteen years of the present century will add enormously to the sum of human knowledge, in that domain which has been so long regarded as the *terra incognita*, viz: the mechanism, architecture and functions of the brain and its localizations.

What is needed in America, is original research. We need men who will work *pari passu* with Meynert, Luys, Hitzig, Ferrier, and their confreres. The great Asylums are the true field of immediate usefulness. Meynert's work is based on his researches in the Insane Asylums of Austria.

Our Legislators or our Millionaires, must furnish the means for pursuing these studies, and New York Pennsylvania and Massachusetts should take the lead and set the example to the Sister States.

Neurological Society of London.–Thanks to the persevering energy of Dr. de Watteville, Editor of "Brain," the Neurological Society of London has been formed.

Dr. Hughlings Jackson has been chosen President; Dr. Wilks, and Sir James Crichton Brown, Vice-Presidents; Dr. Bristowe, Treasurer; Dr. Hughes Bennett and Dr. de Watteville, Secretaries. The Council are Drs. Bastian Broadbent, Bucknill, Buzzard, Ferrier, Mr. Galton, Mr. Hutchinson, Mr. Romanes, Dr. Geo H. Savage and Prof. Schaefer.

The Society will include in its labors, Physiology and Pathology, as well as that aspect of Neurology, which bears upon normal and morbid Psycholgy.

This is a step forward and in the right direction. We hope it may be the fore-runner of a Society of Medical Jurisprudence for Great Britain.

If Sir James Fitz James Stephen, J. Balfour Browne, Esq., Prof. Pollok, of the New Law Review, and some of the leading lawyers and Queen's Counsel would unite with the Professors of Medical Jurisprudence and the leading Alienists, Chemists, and Professors of Forensic Medicine in a movement to bring the two professions of Law and Medicine in Great Britain into a concentrated work for the Science of Forensic Medicine, it would be a still further onward and upward movement for Science in the British Islands.

Medical Society of the State of New York.—The 8th annual meeting was held last month at Albany, Dr. Vanderveer, President in the chair.

The following officers were elected for the ensuing year:

President, Dr. Wm. S. Ely, of Rochester; Vice-President, Dr. Solomon Van Etten, of Port Jervis, Secretary, Dr. Manlius Smith, of Syracuse; Treasurer, Dr. Chas. H. Porter, of Albany.

Among the papers read were the following:

"Medical Testimony and the Hypothetical question," by Dr. Wm. C. Wey, of Elmira. "The Relation of the

State Board of Health to Local Boards," by Dr. Maurice Perkins, of Albany. "Cremation," by Dr. Charles Cary, of Buffalo. "Districting State Asylums for Acute and Chronic Insane," by Dr. E. Peterson, of Poughkeepsie.

The anniversary address of the President, Dr. Vanderveer, was on "The Water Supply of Cities and Villages"

Academie de Medicine, Paris.—At the Session of Nov. 28th, 1884, M. Bergeron was elected Vice-President in place of M. Fauvel, deceased, and Prof. Charpentier one of our Corresponding Members, was elected titular member of the obstetrical section by a vote of 76 out of a total vote of 79. We are glad to announce the well deserved distinction to M. Charpentier. (*Le Progres Medical.*)

Mechanical Restraints.—Dr Alice Bennett, Superintendent of the State Insane Hospital, for women at Norristown, Pa., in her last annual Report says: "No mechanical restraint has been used during the year. "No Suicide has occurred during the year."

The Report of Dr. Chase, Superintendent of the same Asylum for men is silent on the subject of mechanical restraint.

This Institution has had last year within its walls, nearly one half of all indigent insane in the State Hospitals of Pa. and is in many respects the Model Institution of the State.

The total number of imates sheltered in this Institution were in the male department 877 in the female 850.

If Dr. Alice Bennett can at the close of still another year report the non user of mechanical restraint, is it not a legitimate and fair inquiry, to be made by Legislators and the public—why cannot other Superintendents do the same—or better? It is a remarkable circumstance also, that with the absence of mechanical restraint in the

female department of this Institution no *suicide* has occured during the year.

Ought not such examples to encourage those Superintendents who have abolished mechanical restraints, to persevere, and should not some of those who so strenously insist that *Restraints* are absolutely necessary, pause reflect, and really in good faith try, and see what the effect would be in their Institutions, if after one year of fair conscientious trial they could truthfully report. "That no mechanical restraint was used in their Institution."

We hope soon to see the splendid example of Dr. Alice Bennett copied and adopted in every Asylum public and private in the land.

Scientific Pathological Work In Insane Asylums.—We are glad to notice that the Trustees of the Pa. State Hospital for the Insane at Norristown have established a Pathological Laboratory. The first Report of the study of fifty cases, which are carefully classified and reported is received; and this labor forms a part of the annual Report of that Institution for 1885.—The results of post mortems are classified as well as the Microscopic work.

This department is in charge of Francis X. Dercune, M. D. Non Resident, and Ida V. Reel, M. D., Resident Assistant.

We hope to see this feature soon adopted by all American Asylums. Theo. Deeke is doing similar work at the State Asylum at Utica, although we have not seen the report of his labors.

Classification Of Mental Diseases, And The Antwerp International Committee.—The paper of Prof. Lefebvre of Belgium, the proceedings of the Congress at Antwerp, and the letter of B. C. Ingels, M. D., to the

American member of the Committee, have been forwarded to several of the learned and scientific bodies in the United States and Canada, and the attention of the American, Canadian and Mexican Governments called to the desire of the Belgian Society, that it requested the co-operation of these bodies and Governments to the work imposed upon the Committee by the Antwerp Congress.

The following gentlemen have already been named by the learned Societies, as their representatives in the work up to the time of our going to press, leaving some yet to be heard from.

The Medico-Legal Society, of New York:—Dr. Pliny Earl, of Northamton Mass., Dr. Alice Bennett, of Norristown, Pa., Dr. Chas. H. Hughes, editor *Alienist and Neurologist*, St. Louis, Mo.

The National Association for the Protection of the Insane and the Prevention ofInsanity:—Dr. Chas. K. Mills, of Philadelphia, Dr. Jno. C. Shaw, of Flatbush Asylum, N. Y., Dr. C. L. Dana, of N. Y. City.

The American Association for the Cure of Inebriety:—Joseph Parrish, M.D., Burlington, N. J., T. D. Crothers, M.D., Hartford, Conn., Dr. Albert Day, Superintendent Washington Home, Boston, Mass.

The Society for Promoting the Welfare of the Insane:—Dr. Henry R. Stiles, New York City., Edward P. Wiley Esq., New York City.

The Association of Medical Superintendents of American Institutions for the Insane:—Dr. Chas. H. Nichols, of Bloomingdale Asylum, N. Y. Dr. Henry P. Stearns, Hartford Retreat for Insane, Hartford, Conn.

The Massachusetts Medico-Legal Society:—F. Winsor M. D. President of that Society, Winchester, Mass. Ira. Russell, M. D. Superintendent Insane Hospital, Winchendon, Mass.

American Academy of Medicine:—Dr. E. W. Cushing, of Boston, Dr. A. D. Rockwell, of New York, Dr. P. V. Connor, Cincinnati, Ohio.

Medico Chirurgical Association of Canada:—Dr. Henry Howard, Montreal. Dr. James Stewart, McGill University, Montreal.

New England Psychological Asssociation :—Dr. J. P. Bancroft, Concord, N. H., Dr. Wm. B. Goldsmith, Sutprintendent Butler Hospital, Providence, R. I., Dr. Walter Channing, Brookline, Mass.

Plea of Lunacy In Criminal Trials In England.—Dr. J. C. Buckwill, the eminent English alienist, speaking on the progress of thought in England on Criminal responsibility of the Insane, in a recent letter to the editor of this Journal says:—

"A great change has taken place in a good way in Criminal Lunacy "trials through the action of Sir. Wm. Harcourt. He made an order in "1883 that the Treasury Solicitor who prosecuted should, when he sees "reason to believe that the Plea of Insanity is to be set up, should have "the accused examined by Medical Experts before the trial. And if "they found the accused insane that their evidence should be rendered to "that effect. The result of this is, that insane criminals are not brought "to trial. They are examined by Dr. Orange, and others and if found "insane are sent at once to Broadmoor. The Judges don't like this but "it turns their flank effectually. The plan however will not work in difficult and disputed cases."

We have a Statute in this State which gives the District Attorney authority and power to take similar action but it is not made obligatory, and lacks the force of an imperative order like the present English practice.

Would it not be wise to make it the duty of the prosecuting officer to make this inquiry in all cases where he has reason to believe that the plea of insanity would be interposed ?

Such a provision, enforced and carried out, would relieve our Courts from trials of insane persons, save a great expense and be in all ways a beneficial reform in our Criminal procedings.

English Lunacy Bill.—The Lord Chancellor moved substantially the same Bill in the House of Lords on March 1, 1886, that was before the last Parliament with an amendment regarding commitments to private asylums and preventing the issuing of any further licenses to private mad houses in the hope of their gradual extinction.

His Lordship said :

"The fact that any person could have another incarcerated as a lunatic on the certificate of two medical men, had sunk deeply into the public mind. He thought that, to the credit of the honor and intelligence of the great medical profession, that power had been very little abused ; but the great risk that there was of abuse, under the existing system, called for a change. Under this bill, a judicial investigation, on the petition of a relative, or other person showing a right to move in the matter, must be held before any suspected lunatic could be incarcerated. There would be an exception allowed to that rule in cases of urgency. But, in such cases, if, at the end of seven days, a petition were not presented, the lunacy order would lapse, and the person confined under it must be discharged."

Lords Selborne, Coleridge and Milltown favored the bill, and other Lords suggested amendments and still more stringent provisions against abuses and private asylums.

Lord Ashbourne asked that the provisions of the bill be extended to Ireland, unless a new bill was brought forward for that country.

Public sentiment in Great Britain,(not however including Physicians,) may be said to have crystalized on the propositions:

1. Against commitments on the certificates of the following Medical men simply.

2. That private Asylums should be gradually superceded and go out of sight.

We incline to the view that the public prejudice in

England against private Asylums is based more upon populor clamor than upon facts.

We concur in the proposed amendments as to Commitments, and deem them well founded and wise.

No person should ever be committed except on a commitment signed by a Judge of competent jurisdistion—but we do not sympathize with the feeling against private Asylums, that characterizes the bill. There has been no such prejudice in this country, and so far as we know, none has been deserved.

The abuses which have excited public interest here have been charged against public Institutions, rather than private.

Some of our best American Institutions are private, and do a great work, and we should regret to see on our side of the water such a feeling against private Institutions as characterized the debate in the English House of Lords on the 2d reading of the pending measure.

Homicide and Mutilation.—Dr. Matthew Hay reviews the case reported by Michelsen (Waldenburg) in *Viertelj. fur gerichtl. Med.*, Band xliii.).

An interesting and peculiar case of the murder of a young girl, 3 years old. The child suddenly disappeared from her home; and her remains, much mutilated, were found two and a half weeks afterwards in an adjoining field. Another girl, 10 years old, then confessed to having felled the child to the ground with a rake in a neighboring potato-field. She went home and informed her own mother of what she had done, at whose suggestion she returned to the field, placed the child in a sack above some potatoes, and brought the sack on a wheelbarrow to her mother's house. The girl alleged that, when her mother opened the sack, the child regained consciousness and screamed, and that her mother then took the child to a cellar beneath and murdered it. This the mother altogether denied. Michelson gave it as his opinion, after a necropsy, that the child had been suffocated by earth pushed into its mouth and throat, and that the body had been afterwards partly roasted and hewn into several pieces. The earth in the child's throat and trachea had the same composition, chemical and otherwise, as that of the potato-field, and was different from the earth

taken from the cellar-floor. The mother was, however, convicted of murder and sentenced to death, the sentence being afterwards commuted to penal servitude for life. She then confessed that her daughter's statement was true. The latter had brought the child, as described, to the house, with an ugly gash on its head. To conceal the daughter's crime, she resolved to kill the child outright. She therefore took it to the cellar, and stuffed its mouth with the loose earth lying beside the potatoes—therefore, earth from the potato-field. Here it lay for some days, when, as it began to decompose and smell, she placed the corpse over a fire in order to burn it. This method of destruction proving imperfect, the body was hacked to pieces, and the main portion of it carried to the field in which it was eventually found.

Lung Test in Infanticide.—Apropos of the recent discussion of Dr. H. D. Chapin's paper, on the question of the lung test of live birth, is the case reported by Ebertz (*Viertelj. fur gerichtl. Med.*, Band xliii.) when the question was to determine, from the evidence, whether the child was born alive:

The reported case was one of infanticide, where the usual lung-test of live-birth failed, although, from the confession of the mother, it was certain that the child had lived for some time (the time is not definitely stated) after birth. The mother admitted having killed the child by thrusting two pieces of rag into its mouth, and, fearing this was not sufficient, by afterwards driving the points of scissors into its neck and cutting the throat. The body was thrown, wrapped in a cloth, into water, where it was found four weeks later. The mother stated that the child neither moved nor cried after birth, although she knew it was alive from feeling the pulse in the arms. Ebertz believes the woman's account to be correct, although the usual evidences of live-birth at the necropsy was absent; no fragment of the lungs floated in the water. The rags were found stuffed into the throat, and the injury to the neck was extensive, embracing the trachea, but leaving the larger blood-nessels intact The umbilical cord had been torn through, and was not tied. Ebertz is of opinion that the child was born in the condition of so-called apparent death—frequently observed by accoucheurs—and thus never breathed, although alive; or that it had breathed very lightly, but the lung had, at death, returned to an atelectatic condition. The latter view was suggested by a rounding of the edges of the lungs, and it is rendered possible by the comparatively recent experiments of Ungar, which go to prove that a new-born child may breathe for some time after birth, and yet its lungs may become, after death, completely atelectatic. The woman was convicted, and sentenced to one and a-half year's imprisonment.

SUICIDE AND ITS STATISTICS.—Dr. G. D'Arcy Adams reviews Morselli's recent work, as published in Nos. 4 and 5 of the *Giornale della Reale Societa Italiana d'Igiene*, on the statistical laws of suicide, and summarizes his conclusions in a late number of the *London Medical Record* as follows :

1. Suicides are becoming more frequent, both in European and American countries, and this is especially the case since 1871. 2. In Europe, the zone of maximum intensity of suicide crosses the Continent transversely ; it presents two chief foci, round which the majority of cases group themselves. These are Saxony and the Isle of Francc ; their populations, of Germanic race, pure or mixed with Celtic elements, afford the greatest number of suicides. 3. In all countries, most cases occur in the best seasons of the year, in dry and warm weather ; fewest cases occur in cold and wet weather. Thus the maximum mean corresponds to June or May, the minimum to December. 4. As regards the religion of the victims, Protestantism affords the greatest number ; then, in decreasing order, Roman Catholicism, Greek or Orthodox Catholicism, Judaism, Mahomatanism, and Fetishism. 5. Large cities contribute a greater proportion of suicides than smaller towns, and these in their turn more than country districts. 6. Men are more prone to commit suicide than women, the proportion being 4 to 1. 7. The frequency of suicide increases regularly with age until old age is reached. Since the beginning of the century, suicide in adolescence and childhood has continued to increase in frequency at a constant rate throughout the whole of Europe. In this, as in other things, the female sex is the most precocious. 8. Matrimony diminishes the inclination to suicide in both sexes ; widowhood and divorce lead to an extraordinery increase in the number of cases. 9. The agricultural and industrial classes show the least inclination to voluntary death ; suicide is most frequent in the cultured classes and the liberal professions. In all countries, the largest quota of cases is furnished by the military among men, and by domestic servants among women. 10. Suicide by hanging is preferred by the Teutonic and Slavonic races, and generally prevails in winter and autumn, and in cities ; death by drowning, on the other hand, is most frequent in southern countries and in the Latin races, and generally in spring and summer, and in the country. Suicide by hanging and by firearms tends everywhere to increase, so that it may be held as an effect of civilization. 11. Men in the countries of Northern and Central Europe prefer to kill themselves by hanging ; women, on the contrary, everywhere prefer drowning. Servants everywhere furnish the greatest number of deaths by poison, and soldiers almost invariably choose firearms. 12. With the development of intelligence and sensibility the more safe, rapid and painless modes of death are more and more chosen.

MEDICO-LEGAL PAPERS

SERIES THREE.

Series 3, a volume of about 550 pp. will be published before our next issue. It may be obtained of Leon P. Kuhl, Publisher, No. 817 Broadway, or from Mr. Clark Bell, No. 57 Broadway. Price, $3.50 cloth; $2.50 paper. It will contain the following papers, read before the Medico-Legal Society, which have been collected and are now published by a committee of the Medico-Legal Society of New York.

Dr. James J. O. Dea,	"Legal Responsibility."
Edward Patterson Esq.	"Monomania and Testamentary Capacity."
Ambrose Tardieu.	"Diagnosis of Hanging."
John Ordeonaux, M. D.	"Proper Status of Insane."
Prof. Frank H. Hamilton,	"Malpractice in Surgery."
R. S. Guenesy Esq.	"Penal Laws of Suicide."
Clark Bell Esq.	"Valedictory Address." (1885.)
Dr. A. O. Kellog.	"Epilepsy with Mania."
Prof. Frank H. Hamilton.	"Loss of Consciousness."
Prof. R. O. Doremus.	"Milk in Its Medico-Legal Relations."
Wm. G. Davies Esq.	"Mysterious Disappearances."
School Room Poisoning.	"Report of Committee."
W. A. Hammond M. D.	"Railway Injuries to Spine."
Jas. J. O. Dea M. D.	"Progress of Medico-Legal Science."
Geo. M. Beard M. D.	"New Theory of Trance."

Appleton Morgan Esq.	"Personal Identity."
Alfred L. Carroll M. D.	"Plea of Insanity."
Samuel L. Raborg M. D.	"Union of Charities and Corrections."
Isaac Ray M. D.	"Testamentary Capacity."
Morris Ellinger Esq.	"Moral Responsibility."
Report of Committee	"Sanitation in Public Schools."
Prof. F. H. Hamilton.	"Valedictory Address."
E. C. Mann, M. D.	"Mental Responsibility in Criminal Cases."
Jacob F. Miller.	"Expert Testimony."
Report of Committee.	"Intoxicating Liquors."
Prof. John H. Packard.	"Inflicting Death Penalty."
Cephas Brainard Esq.	"Law and Medicine."

The volume will contain portraits of officers of the Society, and prominent Medico Legists and members of the Society.

Among these will be portraits of Dr. Geo. M. Beard, Dr. James R. Wood, Hon. E. W. Stoughton, Dr. T. Romeyn Beck, Hon. Wm. A. Beach, Dr. R. Swayne Taylor, Dr. John J. Conolly and Mr. Clark Bell.

About 75 copies of the edition have been subscribed for. Those who desire can have this volume sent by post on receipt of the subscription price—and they are requested to forward their names and address to the editor of the Medico-Legal Journal at No. 57 Broadway.

Dr. Pliny Earl on Classsification of Mental Diseases.—Dr. Pliny Earl has written the editor of this journal, from whose letter we make extracts.

It is a valuable contribution from this distinguished alienist towards the labors of the International Committee :

NORTHAMPTON, April 16, 1885.

CLARK BELL, ESQ.,

My Dear Sir :—The subject submitted to the committee in question is, in reality, so broad that one may well hesitate to approach it, unless he have unlimited time and unbounded ability to work. It is as difficult as it is broad ; and, although I am in full sympathy with the object in view in the appointment of the committee, and am as truly, not to say *painfully*, aware as any one that the proposed classification is "a consummation" most "devoutly to be wished," and although, could my years be diminished by twenty-five, I would most cordially enter into the work, yet I greatly fear that the day is far distant at which a classification universally, or even generally satisfactory, in all countries, will be attained ; or, if one generally satisfactory be achieved by an international committee, and adopted by an international association or convention, that it will utterly fail to be of essential service in its practical application. It is to be hoped that, in this pessimistic view, I may be mistaken.

In the present state or our knowledge, no classification of insanity can be erected upon a pathological basis, for the very simple reason that, with but slight exceptions, the pathology of the disease is unknown ; nor is it much easier to construct one upon its causes, since the cases in which the cause is evident are the exception and not the rule ; while one having a physiological basis, like that of Dr. Laycock, presupposes an extent and an intimacy of positive knowledge in regard to the functions of the diverse regions of the cerebro-spinal mass, transcending, in my opinion, that of *any* physiologist, and far beyond that of the average expert in psychiatry.

Hence, for the most apparent, the most clearly defined, and the best understood foundation for a nosological scheme for insanity, we are forced to fall back upon the symptomatology of the disease, *the apparent mental condition*, as judged from the outward manifestations. Thus we come to one of the oldest, altogether the simplest, and certainly the most practical of the classifications ever devised. It is modified by different authors, but is generally limited to from four to six grand divisions, the dominant characteristics of which are expressed by the terms, mania, monomania, melancholia, dementia and idiocy. Under each of these generic terms may be included as many specific forms as may be thought practically desirable.

For a system constructed for universal adoption, I should contend that these sub-divisions should be but few. The more numerous they are the greater will be the liability to error in the final results; and a comparatively

small number will be sufficient for all practical purposes. What is needed is, a method of classification that will be as clearly comprehended as possible by the *average* expert, and so short that the average medical superintendent will be willing to devote the time necessary to the proper arrangement of his cases in conformity with its requirements.

There are some classifications so elaborate that, in very many of the larger hospitals, the *whole time* of one physician would be necessary to so classify the patients, throughout the multiplicity of detail, that the results would be of any value.

It may be remarked that I would reject the term monomania, chiefly because, 1st, I have never seen a case in which the delusion was confined strictly to one subject, although I have seen many in which it was limited to a *class* of subjects, or to one central subject and all, or many, other subjects intimately related to, or connected with, it; and 2nd, because it has been extensively used, in this country, as a cover for cases not only of delirium tremens and alcholism, but, in a multitude of instances, of simple habitual inebriety.

I have thus endeavored to give you my idea of the general character of the only nosology of mental disorders, the practical results of which, if it be adopted for general international service, can be of any considerable value.

Yours very truly,

PLINY EARLE.

RECENT LEGAL DECISIONS.

CHLORIDE OF ZINC AS A FLUX FOR CANNED GOODS SOLDERING.—Kolyer *vs.* Thurber, Whyland & Co., Kings County Supreme Court. This action was tried before Judge Charles F. Brown and a jury in Brooklyn, N. Y., at the March term, 1866, and is the case which was made the subject of the paper read before the Medico-Legal Society, by Dr. J. G. Johnson, on the subject of canned goods poisoning.

The action was brought by Miss Kolyer for damages, alleged to be sustained by eating a portion of a can of tomatoes, sold by the defendants, to a grocer in Brooklyn, of whom her father purchased the same.

The trial lasted from March 1st to March 10th. A large number of witnesses were sworn, and covered the

whole subject of canning goods and the use of chloride of zinc as a flux, in soldering cans.

The canners who put up the goods were sworn as to the method of using the flux, and the evidence of all was full, that not enough of the mixture could have entered any can to have produced an appreciable result, as an irritant poison.

It was shown that of the millions of cans sold annually by this house, and the enormous amount sold by the trade, no other fatal case had been reported of any alleged poisoning, from chloride of zinc used in canning. The action was brought under the advice of Dr. J. G. Johnson, who acted as medical counsel and principal medical witness for plaintiff on the trial. His theory was that epileptic fits were caused by chloride of zinc contained in that portion of the contents of the can eaten by the plaintiff, that a stricture of the sigmoid flexure was produced by the same poison, which were characterized by partial paralysis, mental failure, and loss of muscular power. He was sustained in the view to some extent by Drs. James G. Terhune, Benjamin S. Van Zile and Edwin A. Lewis, though none of them had previous experience in cases of poisoning by chloride of zinc.

The medical evidence of the defense was very strong against the possibility of irritant poisoning, or of any stricture of the sigmoid flexure, and that the epileptic attacks had no relation to chloride of zinc. Drs. Arthur R. Paine, S. Fleet Spier, John C. Minor, Joseph C. Hutchinson and Robert Ormiston were the witnesses.

Dr. Elias H. Bartley, Chemist for the Board of Health, who carefully examined the case at the time and made subsequent analyses of the other cans from the unsold cases, was positive that the case was not one of zinc poisoning, and the chemical testimony of Prof. Robert Spice, Joseph F. Geisler and Edward G. Love were quite

conclusive as to the point that sufficient chloride of zinc could not enter a can, in the process of soldering, to produce results dangerous to health; and that none of the results complained of by the plaintiff were attributable to chloride of zinc, or any irritant poison.

The leading dealers and consumers of the country were sworn as witnesses, and a very large amount of testimony taken, going into the details of canning, and the methods of using chloride of zinc as a solder. The case may be regarded as a leading one, disposing of the question of the danger of its use.

The case was ably tried on both sides. District-Attorney Wilbur conducted the case for the plaintiff, and Messrs. Johnson & Lamb for the defendants.

The verdict was for the defendants. While there may be an appeal on many issues raised upon technical legal questions, outside the main issues, we regard the case as settling, by overwhelming evidence, the following facts:

1. That Dr. Johnson was in error as to the positions taken by him in the paper read before the Medico-Legal Society, and that he was mistaken as to the chemistry of the subject.

2. That the illness of the family was not due to any irritant poison of any kind contained in the tomatoes, eaten from the can.

3. That the united experience of the chemists, dealers, canners and packers in this enormous branch of American industry is united and conclusive that chloride of zinc, used in the diluted form, as a flux in the process of soldering cans, is not dangerous to health, and that of the millions of cans used no well authenticated case has occurred where injurious results have been distinctly traceable to the use of chloride of zinc as a flux for soldering of cans.

Unconscious Impregnation:—At the recent Manchester assizes a man named Jackson, a dentist, was sued for damages for the alleged seduction and consequent pregnancy of a young woman aged twenty-five. The facts, as stated in evidence, were so remarkable that it is not surprising the jury were discharged without giving a verdict. The case is interesting from a medico-legal point of view, and shows the danger of administering anæsthetics in the absence of a third person. It appears that the woman went to Jackson for the purpose of having a tooth extracted, and whilst under the influence of gas the defendant, according to the allegation set forth in the statement of claim, ravished her. The plaintiff at the time was engaged to be married, and it does not seem that she made a complaint to her intended husband of the supposed assault—in fact, she even allowed the banns of marriage to be published, though cognizant that she was *enceinte:* Two questions arise in connexion with the case of the highest import. Is it possible for intercourse with a virgin to take place during the short period of insensibility and semi-consciousness following the administration of nitrous oxide gas? We take it that, although possible, it is in the highest degree improbable. But there can be no doubt that, granted the accomplishment of the act, the answer to the query, "Can unconscious impregnation happen under such conditions? must be in the affirmative. Cases are on record in which women have conceived during sleep and the state of anæsthesia induced by gas is only another form of sleep. If we are correctly informed of the facts, we cannot understand why the plaintiff proceeded against the defendant by civil process and not by criminal indictment, for if the story of the woman is true, surely the man was guilty of felony. Perhaps the fact that the plaintiff did not make immediate complaint of the alleged assault weighed heavily in the balance on the side of the accused. Such

a charge as the one above referred to is difficult and may be impossible to refute, and consequently it is only just that the strongest corroborative evidence should be required to justify a conviction or a verdict for damages, or, failing that, there should be a complete investigation of all the collateral circumstances as regards the conduct of both parties *re* the charge, and also a searching inquiry into their general credit. From an impartial survey of the medico-legal and moral bearings of the case as reported in the *Manchester Guardian*, we cannot help expressing the opinion that upon the evidence before them the jury could scarcely have found for the plaintiff.—(*London Lancet.*)

REMOVAL NOTICE.

Members of the Medico-Legal Society, and subscribers to the Journal, will please take notice that the office of publication of this Journal has been removed to No. 57 Broadway, where all communications respecting the Journal should be sent.

The editor of the Journal, Mr. Clark Bell, has also removed his law offices to No. 57 Broadway.

TOXICOLOGICAL.

CANNED GOODS POISONING.—*The American Grocer*, publishes the charge of Judge Brown, in full in the case of Colyer *vs.* Thurber, *et al*, tried in the Supreme Court Brooklyn, on the alleged poisoning by a Can of Tomatoes, which was made the basis of Dr. J. G. Johnson's paper, read before the Medico-Legal Society April 9th. 1884, and published in this Journal, June 1884.

As is well known the verdict of the jury in this suit was in favor of the defendants, after an exhaustive trial. occupying nine days, in which the theory of poisoning by Choloride of Zinc used in canning the fruit, was entirely, overthrown.

In commenting on the case the *American Grocer* says :—

"—Five eminent physicians for defendants testified that the theories of plaintiff's physicians were not well founded. It was shown that with *five hundred millions* of tins of canned goods *annually* consumed this was the first case where such a theory as that advanced for plaintiff had ever been heard of. That 8,000 cans of the same lot had passed into consumption with perfect satisfaction.

The *defendants'* theory was that the sickness was an ordinary case of cholera morbus, occasioned by eating a tin of spoiled tomatoes, plaintiff having admitted they had "a flat taste," which went to confirm the theory. It was shown that a physician was not called for four days after the alleged "poisoning," during which plaintiff took at least seventeen Brandreth's pills, which did not operate because she had neutralized their

effect with doses of paregoric and Perry Davis' Pain Killer. That the first suggestion of damages was $500, which, under the influence of a speculative lawyer, developed into a demand for $15,000, and when this was refused suit was begun for $50,000.

The sympathies of a local jury would naturally be with a local plaintiff who was poor, against a rich non-resident firm of defendants, yet after a nine days' trial the jury took but half an hour to bring in a verdict for defendants, which is perhaps the best comment upon the character of this suit, especially in view of the fact that from the beginning it was skillfully worked up in the press and through the medico-legal journals by plaintiff's physician, so as to prejudice and alarm consumers, and make it hard to get an unbiased jury."

There may may be some force in this criticism so far as this Journal is concerned. It should however be borne in mind, that any member of the Medico-Legal Society has the right to express his views in a paper before that body, and the author is alone responsible for its statements. The Society assumes no responsibility for the views enunciated; and that the Medico-Legal Journal is not responsible for the views of a writer published in its columns over his own signature, is a fact thoroughly understood by our readers.

Again this Journal published the debate before the Society at the time the paper was read which completely met and answered the views and opinions of the author showing them to be erroneous upon the subject of canning goods and other questions discussed.

Two of the most distinguished chemists of the world (Thomas Stevenson of London, and Prof. John J. Reese, of Philadelphia,) have ridiculed the chemical view taken by the author in our columns, and while many Journals that copied or quoted the article unthinkingly without quoting its refutation, may have helped to increase and intensify popular distrust of and confidence in canned goods we are still of the opinion that the discussion will in the end, prove not an unmixed evil but will be productive of good.

Temporary injury may and often does result from the dissemination of false views regarding popular questions but in the end, when full examination and discussion come and the full light shines upon the question, the truth will surely come uppermost.

Dr. Johnson's relations to the case and his connection with the law suit, were not made known to this Journal, before his paper was read or published; still our columns have been as open to the critics of the paper as they were to the paper itself.

The verdict of the jury is fully sustained by the evidence and is in accord with the views of the best informed canners and the trade generally upon the interesting subject.

Poisoning by Phosphorus.—Dr. Matthew Hay contributes to March 15th, 1886 number of *London Medical Record* a case reported (*Vierteljahrschrift fur Gerichtl. Medicin*, Band lxiii.) by Prof. Maschka when he

"describes the case of a child which had been born prematurely at the eighth month, suffering from spina bifida, with the usual serous tumour towards the base of the spine. The tumour ulcerated and burst shortly after birth. The child remained ill and emaciated until its death, three months after birth. The mother, who was unmarried, confessed that some hours previously to its death she had given to her child the heads of three matches, with the object of destroying it. Her statement was confirmed by the discovery of a trace of phosphorus in the contents of the alimentary canal. The question which Von Maschka had to decide was whether the phosphorous was the sole cause of death, or whether, its quantity being so small, it had merely hastened the death of a dying child. He gave the latter as his opinion, adding that he believed it unlikely that so small a quantity of phosphorus would have caused the death of a healthy child. The mucous membrane of the alimentary canal was in part reddened and slightly eroded."

Poisoning by Morphine.—Pellagri's Test. The same writer, in same journal, reviews a case reported by Von

Langsdorff (*Viertelj. fur Gerichtl. Med.*, Band lxiii, p. 212) of poisoning by Morphine

"in which the poison had been accidentally supplied by a quack apothecary in place of quinine. The author's main object is to insist upon a very thorough carrying out of the laws relating to the sale of poisonous drugs. It seems that the apothecary had been convicted ten times in nine years of illegal trafficking in drugs, and apparently all to no purpose. It may be useful to call attention to a test for morphine, which was employed in this case, and which has been practised for some years in Germany, although, to judge from reports of cases and from works on toxicology, it seems to be little employed in England. Max Scheid (Freiburg) who used it in the present case, believes it to be much the most reliable test for morphine in the presence of organic matter; and Selmi, an eminent authority, attached equal importance to it in a recent case. It is known as Pellagri's test, and is done in the following manner. Dissolve the dried morphine in a little concentrated hydrochloric acid, adding a few drops of strong sulphuric acid; evaporate to dryness, and heat the residue to 100° to 200° C.; a purple color is obtained, which is easily recognizable in the presence of other organic matter. Now add a little more hydrochloric acid, and neutralize with bicarbonate of soda and the fluid assumes a cherry-red tint. With this, mix a few drops of a concentrated solution of iodine in hydriodic acid; the color of the fluid now changes to green. If this fluid be shaken with ether, a purple colored solution is obtained. It is possible by this test to detect $\frac{1}{1000}$ of a milligramme of morphine. Codeine is the only other alkaloid which yields the same series of reactions, but it can be readily separated, previously to applying the test, by dissolving it in ether, in which morphine is not soluble."

Detection of Strychnine in Urine.—Dr. Ferd. Adalb. Junker notices in *London Medical Record* (March 15th, 1886) a communication from Prof. Plugge to the *Weekblad voor Pharm.* (republished in *Le Moniteur du Practicien*, Jan. 15th, 1886) in which Prof. Plugge

"declares that the most sensitive test for strychnine is that of Sonnenschein, by which $\frac{1}{5000}$ of a milligramme of this alkaloid can be detected. Strychnine can be found in the urine two hours after a dose of one milligramme ($\frac{1}{65}$ of a grain) of the sulphate, and traces of it even on the eighth day; which proves how very slowly its absorption takes place, and how carefully one ought to guard against the danger of poisoning, in consequence of accumulation in the organism of repeated doses. In order to test the urine for the presence of strychnine, it is to be treated with chloroform, which takes up the acid and sets it free again by evaporation. The most sensitive and characteristic reagent is an acid solution of sulphate of terium, by which $\frac{1}{100}$ of a milligramme of strychnic acid will still be detected."

JOURNALS AND BOOKS.

PSYCHIATRY.—By Theodore Meynert, M.D. of Vienna. Translated by B. Sachs, M.D. G. P. Putnams Sons, N. Y. (1885.)

The announcement of a work by Meynert, in 1884, on the diseases of the Fore brain, its structure and functions, which should be exhaustive of the Anatomy, Physiology and Chemistry of the Human brain, excited the interest of all Scientific thinkers, as to what one of the greatest of the German writers and thinkers would have to contribute new to the stock of human knowledge on those diseases which he characterizes as "Diseases of the mind."

Recognized as at the head of those Scientists, who had made a study of the Anatomy of the brain, his enormous clinical experience in Psychiatry in the Vienna General Insane Hospital, the State or National Asylum of that Empire; his observations in minute Anatomy, and in those studies that bear more directly upon cerebreal localization, all looked to his published views with more than ordinary interest, because his conclusions were known to rest, on experimental trials, that had run through a decade, under conditions as favorable, if not more favorable, h an any scientific observer of our era.

Meynert's conclusions would not be the theories of one who studied the views of all authors, contrasted, compared them, and gave his best judgment as an arbiter or tribunal, deciding between and upon the claims of others, without actual contact with the insane, but a close observation in chemical work of every subject. He writes what he has seen, demonstrated, tried and thoroughly tested—what he himself knows, has found, investigated, and his conclusions, therefore should have great weight. One observer like Meynert, in the ascertainment of truth, in the accurate registering of scientific light, is worth a regiment of men, of whom we have specimens in America, as in many other countries, who rush into print with scientific treatises shortly after emerging from the schools, and attempt to classify and write on Insanity, who may have never had a month's experience in an Asylum, or any clinical or practical knowledge of the subject of which they speak.

To understand such a writer as Meynert, or Griesenger, most Americans, no matter how well they understand German need, a translator not alone, but one who, like Dr. Sachs, is a master of the subject, as well as the language.

The present volume, Part I, is devoted to the Structure and Architecture of the brain, its minute Anatomy, its Anatomical Corollaries, and the Physiology of Cerebral Architecture, its nutrition; and an appendix devoted to what he calls the "Mechanism of Expression," which is intensely interesting, when taken into consideration with the views upon which this Mechanism is traced and investigated.

The Student or Scientist, who desires to study Meynert's ideas, and to gain the benefit of his labors, especially on the minute Anatomy, will find this volume a rich and reliable vein of knowledge; and all who take an

interest in this branch of research, will feel a debt of gratitude to Dr. Sachs, for the admirable manner in which he has done his share of the work.

The book is handsomely published, and will command the sale we should think to which its real merit entitles it.

SUICIDE.—Its History, Literature, Jurisprudence, Causation, and Prevention. By Wynn Westcott, M. B. London, Deputy Coroner for Middlesex. H. K. Lewis, Publisher, London. (1885.)

The experience of Mr. Westcott in the Coroner's Office, has given him peculiar facilities for a study of suicide from an English standpoint. The decrease of crime in England, and the increase of suicide which has been noticed for some years, have led to the special studies based on cases of death by suicide, which have occurred in London, which forms the basis of the work.

The author claims to have seen but one English work on Suicide, "The Anatomy of Suicide" by Forbes Winslow, and an English translation of Morselli's great work. (Il Suicidio.)

The chapters on history and ethics, contain little that is new. The tables of suicides, among ancients and moderns, are interesting, and bring many names to mind, whom we have forgotten as suicides.

The English law and decision are ably stated under the head of Criminal Jurisprudence as they are likewise treated in the Chapters on Civil Jurisprudence.

The statistics on present rate and increase, are interesting and valuable. On Causation the author has quoted largely from Continental authorities—one-third of all cases are ascribed to Insanity in its varied forms. Brierre deBoisment gave only one-seventh to this cause for France. Lisle, for same Country, furnishes an elaborate table, in which out of 39,302 cases, 8,857 were from in-

sanity in various ways. The Influence of Race Locality and Climatic Conditions are carefully noted and studied.

The effect of religion and morality on the ratio of Suicides in a country, is carefully stated and dwelt upon.

He claims that the average of Suicide in a country, keeps even pace with the ratio of Crime as committed.

We are glad to see the work, and thank Deputy Coroner Westcott for his labors, which will be read with great interest and profit by every one who takes any interest in the subject. We are surprised to observe that Dr. Westcott does not quote the valuable work of Dr. O'Dea of this city, which he seems never to have seen, and he has not tabulated the lessons of our Statistitians in the States of this country, nor even drawn upon them with the single exception of Dr. Ray's "Medical Jurisprudence of Insanity," which he has cited.

The work as a whole is a credit to Mr. Wynn Westcott and a valuable contribution in many respects to the Literature of Suicide, which will ever be a subject of facinating interest to all students of Forensic Medicine.

Brain Rest.—By Dr. J. Leonard Corning. G. P. Putnam Sons, (1885.)

Dr. Corning announces in this brochure, as an original discovery, that the proper treatment of those suffering from overwork, insomnia and similar ills, is rest, quiet, and prolonged sleep.

He supports his views by scientific tests demonstrating the favorable conditions which sleep brings to the tired, overworked and suffering brain.

Sleep is the great healer, the great Physician, the remedy of remedies, of which you need not fear an overdose. "*Blessed be he who invented sleep*," said "Sancho Panza," but he did not file a caveat upon his discovery; and Dr. Corning drags up the old truth from the depths,

and claims to be entitled to the patent.

The Physician of general practice of the last half century would find little new in this volume, and the treatment of all sensible physicians, to rest the brain by sleep in abundance, as the noblest and best of curatives, is as old as Medical Science, and commends itself now as it did to Hippocrates and his confreres.

THE NEW PRINCETON REVIEW.—We welcome the Renaissance of the Princeton Journal which A. C. Armstrong & Son commenced with the present year under favorable auspices, and with an attractive table of contents. The old and tried friends of that journal which for more than half a century has been an intellectual power in American literature, will rally around the effort now so ably made, to deserve more than its old renown.

We read with pleasure its editorial upon "Speculative Biology." It has become fashionable to accept the theory of evolution as established by many of those who have not studied even its rudiments, and then built up various theories, not based on demonstrable embryological facts, but on the deducible assumptions from the theory as understood, or even construed by the speculative philosopher.

Real progress in Embryology, or the Science generally must be based on demonstrable facts. Speculative theories are well stated in speaking of Goethe and Okens; views on Anatomy to be now mere scientific curiosities.

The mere views, theories, or opinions of men, no matter how able, learned or conspicuous, must not be accepted. They must be tested, measured and weighed, by the unflinching, inexorable, undeviating light of scientific truth, of indisputable fact.

THE VALUE OF VACCINATION.—By Geo. Wm. Winterburn, M.D. F. E. Boericke, Phil. 1886.

This is a masterly and scholorly treatise, on the much debated question of Compulsary Vaccination, which has so long agitated laymen and Physicians, and has come within the domain of legislation in all English speaking countries, concerning which physicians are so apt to say much, and know little.

The Monograph is able, in that it gives the Historical aspect to the question.

When Inoculation was endorsed by the Medical faculty, by Medical Scientists in the early part of the last century, it was quite universally accepted, till vaccination came with Jenner at the close.

Now while many leading minds condemn vaccination as unreliable, unscientific, and in some cases fatal, and productive of alarmingly injurious results, it is a remarkable fact that it is enforced by compulsory legislation in many countries, making men accept it *nem con.*

We do not recall a work which has discussed this subject with so little prejudice, such apparent candor and fairness; and we doubt if any physician or lawyer would arise from the perusal of this work, without a feeling of thanks to the author for the pains he has taken with the task.

SYPHILIS.—By G. Frank Lydston, M.D. (A. M. Wood & Co., Chicago (1885.)

This is a small brochure, containing 184 pages of lectures, published originally in the Western Medical Reporter. The work briefly sketches the leading features of the disease, and outlines its treatment, and is a valuable pocket work on the subject full of valuable thoughts and suggestions.

NEW ENGLANDER.—Wm. L. Kingsley, New Haven. March No. 1886, contains "A Liberal Education," "The

Party and the Administration"—Two Shakesperian kings: "Leo XIII Encyclical letter," and "Progressive Orthodoxy," and is an excellent number.

The April No. contains an article on "John Brown—" "Reform;" "Lotze's Microcosms:" "Worship in Non-Liturgical Churches;" "Materialistic Agnosticism." The Educational topics are unusually good.

American Journal of Insanity.—April 1886 No is out and contains conclusion of Dr. Buttotph's paper on "Physiology of Brain," Dr. Shew's paper on "Progress in Treatment of Insane," "Insanity and Crime," by Dr. Walter Channing; "Paranoia" by Dr. Henry M. Hurd, and "Recovery of Chronic Insane," by Dr. G. M. Wise of Willards. The editorial department is unusually able in this number.

Journal of Nervous and Mental Disease.—G. P. Putnam Sons—is changed from a quarterly to a monthly. Dr. Wm. J. Morton retires from the editorial chair, and his late Assistant, Dr. B. Sachs, assumes the editorial charge.

We doubt if a monthly will prove as acceptable as a quarterly, but it may result otherwise. Dr. Sachs has certainly given us splendid numbers, and is giving a great deal of hard and good work on the Journal He has reorganized the editorial staff to some extent, and the transactions of the Neurological Societies of New York and Philadelphia are given with care.

There is surely room for such a monthly, and we hope it will receive the support it certainly deserves.

La Therapeutique Contemporaire.—A weekly Journal edited by Victor Andhoui, No. 18 Rue de Vieux Columbier, costing only 7 francs per annum, is published

by A. Delahage and Le Crosnier, Place de l'Ecole-de-Medicine, Paris.

We are glad to place this Journal on our Exchange list, and can reccommend it to our Medical readers as a valuable acquisition to Therapeutics.

MAGAZINES.

HARPERS, for March maintains the repute of its predecessors, and is well worthy of perusal. The *Century* continues to roll up its wonderful circulation, and excites our praise by the quality of its illustrations. *Littell's Living Age* holds the field it has occupied so long and so well. *Outing* has come to New York from Boston, and with new life and blood will win its way. We believe Mr. Poultney Bigelow will make it a success. The *Atlantic* maintains its high standard, and deserves the success it has achieved. *Frank Leslie's Monthly* steadily grows in circulation and interest. The *New Princeton Review* starts well, and promises to treat Science as well as Theology and all public questions. Its editorial notes on Biology, Psycho-physics and Localization of Brain function, are up to our present knowledge of these Sciences. *The North American Review* is devoting a deal of increased energy both in its original contributions and to extending its circulation. It is pushed with great ability. *Lippincott's* magazine has a splendid number. *The Forum* is a new candidate for popular favor with prominent names as contributors, and its early numbers, if an indication of its future, will, we think, win its way. It has certainly a fine beginning, is well printed, and presents an attractive table of contents.

The Ecclectic for March contains Mr. Gladstone's plea for a fair trial and an admirable paper by Grant

Allen, entitled "*A Thinking Machine*," from the *Gentleman's Magazine*. *Mind in Nature* completes its first volume and has scored a decided success. It is beautifully and artistically printed and published; and we have read it with great pleasure and interest.

Knowledge has changed from a weekly to a monthly. We have no Exchange we prize higher than Mr. Richard A. Proctor's Journal and feel sure that American readers who subscribe for it, will join with us in our high estimate of its interest and value. *Illustrated Science Monthly* contains in each issue an admirable illustration of microscopic work. We read it with interest and profit, and have frequently quoted from its valuable pages.

THE THEATRE.—A new weekly Journal appears this month published by the Theatre Publishing Company, at No. 33 W. 23d St. It is artistic in appearance, ably edited, and if the first number is an indication of what is to follow, must win its way to popular favor.

Geo. Fawcett Rowe, Geo. Edgar Montgomery, Deshler Welch and Philip G. Cusachs contribute leading articles to No. 1, and B. B. Valentine, Townsend Percy, Henry Gallup Paine to No. 2. We are glad to place it on our Exchange list.

BOOKS, JOURNALS AND PAMPHLETS RECEIVED.

Report of Illinois State Board of Charities.--(1884). Report of New York State Board of Charities, 1884.

Insomnia, and other disorders of Sleep, pp. 230. by Henry M. Lyman A.M,, M D. W. T. Keener, Chicago. (1885).

Code of Evidence.--Being 4th part of Code of Procedure as reported to the Legislature, by David Dudley Field, with Notes and References by Charles D. Baker, Esq. (1885).

Ancora Sulla Dottrina dei Centri Cortiali del Cervello, by Dr. L. Bianchi, Naples, Italy. (1885).

Report State Board Board of Health, Tennessee. 1880, 1884.

Report Board of Health, New York, 1884.

Reports of N. Y. Board of Health. (12 in number).

Gaceta del Hospital Militar Guadaljara, Mexico.--The Physicians' Magazine, Phil.

Beitrag zum forensisch.—Chemischen Nachuris des Thallin, und Antipyrin im Thierkorper, by Edmund Blumenbach, Rigenser.

Die Alte und die Neue Medizin—von Dr. Mariano Semmola. Translated by Prof. Dr. Vincenz Mayer.

Hydrogn Peroxide.—By W. B. Clarke, M D. How to use Listerine, Lambert Pharmacal Co.

Lindsay & Blakiston's visiting list for 1886. P. Blakiston, Son & Co

Iritis.—By Charles J. Lundy, M.D.

Etudes D. Anthropometrie, etc., par Henri Ferri, Prof. Criminal Law, University of Sienne, Italy.

Suicide, by Wynn Westcott, Deputy Coroner for Middlesex. H. K. Lewis, London. (1885).

Syphilis, by G. Frank Lydston, M.D. A. M. Wood & Co., Chicago. (1885)

Zur Statistik der Findelpflege, von R. W. Raudnitz. Verlag, von F. Tempsky, in Prague.(1886).

Quarto Censi Mente Die Pazzi, by Andrea Verga, Milan. (1885). Fratelli, Rechiedei.

Special Report on Investigation of Cook County Insane Hospital Illinois. H. W. Booker, Springfield, Ill. (1886).

Mind in Nature, Vol. 1, from the Editor's Bound Copy. Thanks.

Illinois State Board of Health. 7th Annual Report. (1885)

Brain Rest, by J. Leonard Corning, M D. G. P. Putnams' Sons, (1885)

Psychiatry, by Theodore Meynert. Translated by B. Sachs, M.D. G. P. Putnams' Sons, (1885).

Illinois State Board of Health. Proceedings of annual meeting, January, 1886, from John H. Rauch, M.D., Secretary.

Progress in the Treatment of the Insane, by A. M. Shew, M.D. Reprint Journal of Insanity for 1886.

A Code of Evidence, (4th part of Civil Code) as introduced to N. Y. Legislature of 1885. By Charles D. Baker, Esq.

What is Medicine? By Dr. Gihon. Presidential addresses, National Academy of Medicine. (1885).

A Paper on Diphtheria, by N. A Drake, Kansas City, Mo.

Die Principien der Epilepsie Behandlung, by Dr. Albrecht Erlenmeyer, Bendorf am Rhein. (1886).

Note Book on Medical Ovarian Cases, by John Homans. M D Cupples, Upham & Co., Boston.

47th Report Boston Lunatic Hospital. (1885.)

The Armstrong Case, by Dr. Theo. W. Fisher.

Hall's Journal of Health.

27th Annual Report Ladies' Christian Union. (1885).

Electro-Homœpathy.—By Caesari Mattei.

Bulletin Societe de Medicine Mental de Belgique—*No.* 38, *No.* 39.

33rd Report Childrens' Aid Society. 1885.

The People's Health Journal of Chicago.

49th Annual Report Colored Orphan Asylum of New York. (1885.)

Journal of Heredity.

Coast-Defences against Asiatic Cholera, by John H. Rauch, M.D.—The Legal Adviser.—Report of the Homes for Inebriates Association (Dalrymple at Richmansworth). (1885-86.)

Annual Report of *Cork* District Lunatic Asylum. (Ireland). (1885).

Chemische Pharmacologische Untersuchungen *Lobelia* Nicotianaefolia.—By Herman V. Rosen. (Dorpat 1886).

Public Opinion, Washington, D. C.

Mental Status of Guiteau, by Walter Channing, M. D.

James L. Little, M. D.

Prof. Little was born in Brooklyn, February 19, 1836. Studied medicine with Dr. Willard Parker and graduated at the College of Physicians and Surgeons in 1860.

He served a short term as Junior Assistant at Bellevue Hospital Medical side, and later filled the place of Junior and Senior Assistant on Surgical side and one year as House Surgeon.

He had some Hospital service during the war, but not in the field, was on the staff of several leading dispensaries here, was attending Surgeon at St. Luke's Hospital for ten years, and promoted to Consulting Surgeon. He was Prof. of Surgery in the University of Vermont, and was Prof. of Clinical Surgery in the Medical Department of the University of the city of New York till 1882, when he was appointed Professor of Clinical and Operative Surgery in the New York Post Graduate Medical School of which he was President of the Faculty at the time of his death.

He was a member of the Medico-Legal Society of New York, taking a keen interest in Forensic Medicine, but did not contribute any papers to that body, although a prolific writer on Surgery, and a frequent contributor to that department of Science.

Dr. Little was a fine speaker of pleasing address, agreeable presence and manners, and was beloved by a circle of devoted admirers and friends.

He was a close and diligent student, a very successful Surgeon and a most agreeable speaker and lecturer, and his early and sudden death will be lamented by hosts of friends.

MEDICO-LEGAL SOCIETY.

OFFICERS FOR 1886.

President,

DR. ISAAC LEWIS PEET.

1st Vice-President,
CLARK BELL, Esq.

2d Vice-President,
ANDREW H. SMITH, M.D.

Secretary,
ALBERT BACH, Esq.

Assistant Secretary,
ARTHUR C. BUTTS, Esq.

Corresponding Secretary,
MORRIS ELLINGER, Esq.

Chemist,
CHAS. A. DOREMUS, M.D.

Treasurer.
S. N. LEO, M. D.

Librarian.
M. J. B. MESSEMER, M.D.

Assistant Librarian,
APPLETON MORGAN, Esq.

Trustees,

RICHARD B. KIMBALL, Esq.,
W. G. DAVIES, Esq.,
ROGER FOSTER, Esq.,
CHARLES F. STILLMAN, M.D.,
CHARLES S. MILNE, M.D.,
H. S. OPPENHEIMER, M.D.,

Permanent Commission of the Medico-Legal Society,

JNO. M. CARNOCHAN, Chairman,

STEPHEN SMITH, M.D.,
B. A. WILLIS, Esq.,
FORDYCE BARKER, M.D.,
DAVID DUDLEY FIELD, Esq.

DR. ISAAC LEWIS PEET, *Ex-officio.*

HONORARY AND CORRESPONDING MEMBERS.

Honorary.

John C. Bucknill, M.D., London, England
Ernest Chaudé, Esq., Paris, France
Prof. D. Hack Tuke, M.D., London, England
Frank H. Hamilton, M.D., New York
Prof. Dr. R. von Krafft-Ebing, Gratz, Austria
Prof. Dr. J. Maschka, Prague, Bohemia
Sir James Fitzjames Stephen, London
Francis Wharton, LL.D., Philadelphia, Pa.
Chief Justice Noah Davis, New York
Ex-Chief Justice Charles P Daly, New York

Prof. Fordyce Barker, New York

Corresponding.

Prof. Augustin Andrade, M.D.,
City of Mexico
John Abercrombie, M. D.,
London, England
Julius Althaus, M.D.,
London, England
Prof. Benj. Ball,
Paris, France
Hon. Gunning S. Bedford,
New York
Prof. C. M. Brosius, M.D.,
Berndorf, Germany
Sir J. Crichton Browne,
London, England
A. N. Bell, M.D.,
New York
G. E. Bentzen, M.D.,
Christiana, Norway
Prof. Leonardi Bianchi,
Naples, Italy
Prof. Dr. Serafino Biffi,
Milan, Italy
Hon. George B Bradley,
Corning, New York
E. Blanche, M.D.,
Paris, France
Hon. Henry Brink,
Charleston, S. C.
*R. P. Brown, M.D.,
Addison, N. Y.
Jose M. Bandera, M.D.,
City of Mexico
T. R. Buckham, M.D.,
Flint, Mich
Prof. G. Buonomo,
Naples, Italy
A. L. Carroll, M.D.,
New Brighton, S. I.
Prof. Charpentier,
Paris, France
Prof. Stanford E Chaillé,
New Orleans, La.
Senor Don Manuel Contreras,
City of Mexico
Hon. S. S. Cox, U. S. Minister,
Constantinople, Turkey
Henry Coutagne, M.D.,
Lyons, France
T. de Musgrave Clay, M.D.,
Pau, France
T. S. Clouston, M.D.,
Edinburgh, Scotland
C. J. Cullingworth, M.D.,
Manchester, Eng.
John Curwen, M.D.,
Warren, Pa.
J. D. Crothers, M.D.,
Hartford, Conn.
Prof. R. H. Chittenden,
New Haven, Conn.
N. R. Davis, M.D.,
Chicago, Ill.
H. E. Desrosiers, M.D.,
Montreal, Canada
F. W. Draper, M. D.,
36 Worcester Street, Boston.
Prof. Dr. Geo. Dragendorf,
Dorpat, Russia
Dominick Daly, Esq.,
Birmingham, England
Dr. De Jong,
Amste dam, Holland
Victor Desguin, M.D.,
Antwerp, Belgium
Leon De Rode, M.D.,
Louvain, Belgium
Le Grand Du Saulle, M.D.,
Paris, France
Prof. J. J. Elwell,
Cleveland, Ohio
Prof. M. G. Elzey,
Washington, D. C.
Prof. Albrecht Erlenmeyer,
Berndorf, Germacy
Hon. M. D. Ewell,
Chicago, Ill.
Pliny Earl, M. D.,
Northampton, Mass.
Landon B. Edwards,
Richmond, Va.
Simeon Fitch, M.D.,
Halifax, N. S.
Dr. Enrique A. Frimont,
Ozuluama, Mexico.
Prof. E. Ferri,
Sienne, Italy.
Prof. Ach. Foville, M.D.,
Paris, France
Prof. Dr. Furstner,
Heidelberg, Germany
Th. Gallard, M.D.,
Paris, France
James A. Gray, M.D.,
Atlanta, Ga.

Corresponding.

Prof. R. Garofolo,
Naples, Italy
*Gen'l Procurator, Dr. Julius Glaser,
Vienna, Austria
W. R. Gowers, M.D.,
London, England
J. L. Hanna, Esq.,
Baltimore, Maryland
George L. Harrison, Esq.,
Phila., Pa.
Prof. D. F. von Holtzendorf,
Munich, Bavaria
Ernest Hart, M.D.,
London, England
Prof. H. Heiberg,
Christiana, Norway
Prof. A. W. Hoffman,
Berlin, Germany
Dr. Gershom H. Hill,
Independence, Iowa
Jabez Hogg, M.D.,
London, England
Prof. E. M. Horsford,
Cambridge, Mass.
Prof. Hoffman,
Gratz, Austria
C. H. Hughes, M.D.,
St. Louis, Mo.
Prof. H. Aubrey Husband,
Edinburgh, Scotland
B. C. Ingels, M. D.,
Ghent, Belgium
*Prof. Axel Jaderholm,
Stockholm, Sweden
W. W. Ireland, M.D.,
Edinburgh, Scotland
*Hon. Fred. Kapp,
Berlin, Prussia
Prof. Axel Key,
Stockholm, Sweden
Prof. Dr. Herman Kornfeld,
Grottkau, Silesia
Prof. Henry M. Lyman,
Chicago, Ill.
Henry Leffman, M.D.,
Philadelphia, Pa.
Joaquim G. Lebredo,
Havana, Cuba
Prof. Max Leidesdorf,
Vienna, Austria
Prof J. Lehmann,
Copenhagen, Denmark
Dr. J. Lewins,
Berlin, Germany
Dr. Souza Lima,
Rio Janeiro, Brazil
Brewer Mattocks, M.D.,
St. Paul, Minn.
Hon. Guy H. McMaster,
Bath, New York
Jules Morel, M.D.,
Ghent, Belgium
Prof. A. Motet,
Paris, France
Prof. Dr. Mierzejewski,
St. Petersburg, Russia
Prof. Dr. L. Meyer,
Gottingen, Germany
Prof. R. Otto,
Berlin, Germany
Ed. M. Perez, M.D.,
Beunos Ayres, S. A.
G. Varian Poore, M.D.,
London, England
Prof. John M. Packard,
Philadelphia, Pa.
Joseph Parrish, M D.,
Burlington, New Jersey
Dr. J. A. Peeters,
Gheel, Belgium
Dr. Louis Penard,
Versailles, France
Augustus J Pepper, M.D.,
London, England
Prof. F. Pollock,
London, England
S. D. Presby, M.D.,
Taunton, Mass.
John H. Rauch, M.D.,
Springfield, Ill.
Prof. Roman Ramirez, M.D.,
City of Mexico
Dr. Ramaer,
The Hague, Holland
Prof. John J. Reese,
Philadelphia, Pa.
Prof. Dr. V. Reubold,
Wurzburg, Germany
Prof. Dr. Ludwig Schlager,
Vienna, Austria
*Gen. Staats Anwalt Schwarze,
Dresden, Saxony
G. E. Shuttleworth, M.D.,
London, England

Corresponding.

Prof. Thomas Stevenson, London, England
W. H. O'Sankey, M.D., Baschurch, N. Shrewsbury, Eng.
George H. Savage, M.D., London, England
W. G. Stevenson, M.D., Poughkeepsie, N. Y.
H. R. Storer, M.D., Newport, R. I.
Prof. Arrigio Tamassia, Paydoa, Italy
Prof. Augusto Tamburini, Turin, Italy
C. Meymott Tidy, M.D., London, England
George A. Tucker, M.D, Australia
Dr. Rafael Ulecia, Madrid, Spain
Dr. Jose Uletaris, Madrid, Spain
Dr. M. Von Buri* Leipzig, Germany
O. W. Wight, Esq., M. D., Detroit, Michigan
Prof. Dr. Wilhelm Emil Wahlberg, Vienna, Austria
F. Winsor, M.D , Winchester, Mass.
Prof. T. G. Wormley, M.D., Philadelphia, Pa.
Prof. Dr. L. Wille, Basle, Switzerland
Eli Vander Warker, M.D., Syracuse, New York
Forbes Winslow, M.D., London, England
William C. Wile, N.D., Sandy Hook, Conn.

*Deceased.

Executive Committee.

Consists of the Officers of the Society and its Ex-Presidents, who are Ex-Officio members.

Library Committee.

Clark Bell, Chairman.

R. S. Guernsey, David Dudley Field, Judge W. H. Arnoux,
Prof. W. J. Morton, J. M. Carnochan, M. D., Fordyce Barker, M. D.
Appleton Morgan, Esq.

ERRATA.

Page 140.—For "Prussic Acid" read "Strychnia."
Page 197.—For "J. E. McIntyre" read "Simon Sultan."
Page 208.—For "W. H. O'Sankey" read "W. H. O. Sankey."
Page 208.—For "Sodium" read "Conium."
Page 209.—For "Balse" read "Basle."
Page 286.—For "Ozelnama" read "Ozuluama."
Pages 288 & 327.—For "Cocoaine" read "Cocaine."
Page 330.—For "Leutz" read "Lentz."

INDEX.

PAGE

Asylums, Powers of Superintendents of 121
American Medical Association and Medical Jurisprudence... 124
Antwerp Congress..... 132,,222
Altoona Call..... 22
Altoona Tribune..... 29
Andrews, J. B..... 7
American Journal of Insanity..... 179
Autopsia Cadaverica Legalis..... 396
Autopsy of Dr. Beach..... 31
Absortion of Arsenic.....108, 145
Asylum Visitation and Inspection..... 121
Asylum Admissions..... 122
Asylum, Woman's Work in..... 123
Asylum American Superintendents of..... 212
American Neurolgical Association..... 210
Asylum Managment..... 220
Accident Cases, (Railway)..... 175
Asphyxia Medico Legally Considered..... 297
Archives de Tocologie..... 342
Arsenical Poisoning..... .340, 342, 343
Abercrombie on Medical Jurisprudence.... 233
Adulteration of Milk..... 226
Albany Medical Annals..... 232
Abortion, Laws Regarding..... 291
Abortion..... 336
Age and Disqualification..... 337
Academie de Medicine, Paris..... 453
American Grocer..... 469

Bell, Clark. 1, 46, 70. 100, 105 108, 114, 132, 188, 203, 205, 207, 286, 288, 328, 326, 290, 420
Beach, Dr. L U..... .....11, 27, 33
Brouardel, M.....120 310
Books and Pamphlets Received 137, 234, 368, 482
Brush, Dr. E. N..... 7
Brooks, Hon. Erastus..... 425
Brain Rest..... 476
Birdsall, W. R..... 46, 70, 106, 327, 421
Baker, Dr. L. W..... 99
Baron Huddleston..... 10
Beach, Mrs. Dr. L U..... 24
Berry, M. Eugenia..... 437, 446
Bill, (Illinois)..... 46
Bill (Canned Goods)..... 129
Barker Fordyce, M. D..... 132
Brain, Absorption of Arsenic by (Chittenden) 145
Brown, R. P. Death of..... 207 286
Baume, Dr..... 219
Buckham, T R.....145 369, 396
Brain, Gun Shot Wounds of.....227 323
Bartholdi, and Liberty..... 325
Brain, (blot upon)..... 351
Brain, Function Localization of.....
Basis, of International Statistics 279, 306, 327, 407
Butts, A. C., Esq..... ...285, 287, 299
Boards of Health 337
Benjamin, Marcus..... 342
Bennett, Dr. May Weeks..... 350
Bennett, Dr Alice..... 326, 420
Benedict, Professor, M. D.....303 328, 419
Belgium Society of Mental Medicine...108, 208, 283, 302, 328
Bronson, Dr. John O..... 285
Browne, Sir. J. Crichton.....285 289, 447
Brown, G. Latham, Esq..... 356

PAGE

Bramwell, Baron..... 360
Back Numbers Medico-Legal Journal..... 368
Bucknill, John C..... 456

Brigham, Mary A..... 446
Bundy, Edward A. Esq..... 445
Brinkman, Dr. J G..... 438

Cremation..... 125
Committee Report of on Illinois Lunacy Bill 44
Committee Report of on Lunacy Legislation, Michigan..... 65
Canned Goods, Poisoning By..... 133
Committee on Canned Goods, Report of... 132
Cole, Case of..... 4
Cleveland, Governor..... 7
Case of Gouldstone.....
" " Guitean..... 4
" " Taylor..... 4
" " Beach..... 4
" " Ostrander..... 7
" " Geo. H. Mills..... 7
" " J. J. Donnelly..... 9
" " Marshall..... 10
" " Dr. Beach..... 14
" " Durham..... 84
" " Cannon..... 93
" " Bump..... 105
" " Shotwell Ayers..... 108
" " Arsenical Poisoning..... 146
" " Poisoning by Paris Green 148
" " Lucille Dudley ..... .153, 223
" " Recurrent Insanity..... 158
" " Rev. Mr. Spike..... 158
" " John Fox..... 176
" " Smith *vs.* Smith 195
" " Hamaker *vs.* Hamaker..... 195
" " Silkman *vs.* Crosby..... 226
" " Hillman *vs.* Crooskey..... 225
" " Mail *vs.* Hatherly..... 223
" " Fox *vs.* Manchester R. W. Co..... 176
" " Railing *vs.* Pen..... 336
" " Gharter *vs.* Maryland..... 336
" " Bruno *vs.* Knorr..... 323
" " Brown *vs* Purdy..... 336
" " Daly *vs.* St Joseph's Hospital ... 337
" " People *vs.* Ward..... 337
" " Lent *vs.* Carr..... 337
" " Lucus *vs.* People et al..... 337
" " People *vs.* Walkup..... 343
" " Marselles *vs.* Thalmer..... 277
" " Erle *vs.* Dorset..... 277
" " Shotwell Ayres..... 324
" " John Tawell..... 356
" " John Ball..... 356
" " Wm. Palmer..... 357
" " Silas Barrow.....357, 359
" " Wm. Dove..... 357
" " Madeline Smith..... 363
" " Kolver *vs.* Thurber..... 464
Causes of Increase of Insanity. 33
Carleton, Dr. Ed..... 439
Clark, J. M..... 109
Complaints of Patients..... 123
Cremation..... 125
Canned Goods Bill..... 129

PAGE

Canned Goods Poisoning.....44, 133, 203, 469
Canned Goods Scare..... 134
California, Increase of Insanity in..... 136
Chittenden, Professor R. H..... 145
Conium Poisoning by..... 179
Carnochan, Professor J. M..... 181, 421
Christiancey, Dr..... 201
Cullinworth, Dr. C. J.....175, 366
Criminal Law Amendment Bill..... 220
Congress at Antwerp.....132, 222, 302
Chapin, H. D. M. D..... 267
Classification of Mental Diseases...279, 307, 326, 327, 407, 454
Committee, International on.....307, 328, 554
Certificates in Psychological Medicine English..... 312
Committees on Classifications of Mental Diseases..... 326, 455
Cox, Hon. S. S..... 417
Contagne, Dr. H..... 425
Chloride of Zinc..... 464
Compulsory vaccination..... 477
Cocaine.....288, 327
Central Reporter..... 350, 448
Congress of Criminal Anthropology... 203, 430

Doremus, R. O. Professor.....125, 132, 285, 288, 373, 416
Doremus, C. A..... 132
Donnelly, Case of..... 9
Divorce and Insanity..... 71
Durham *vs.* Durham..... 84
Dwyer, John M. D..... 132
Determination of Personal Identity..... 149
Dudley, Lucille By Dr. Sankey..... 153
Damages, Railway Accident Cases..... 175
Delegates to Antwerp Congress..... 203
Durand, Lucloire..... 222
Der Irrenfreund..... 230
Disturbed Intellect etc., By Professor L. Wille..... 238
Dana, C. L. M. D..... 290
Dog Poisoning..... 342
Discussion of Dr. Russells Paper..... 101
Discussion of Dr. Sankey's Paper.....181, 188
Discussion of Dr. Heitzman's Paper..... 191
Discussion of Geo. H. Savage's Paper..... 193
Discussion of Dr. Chapin's Paper..... 290
Desmont, Dr..... 447
Detection of Strychnine in Urine..... 472

Edson, Cyrus M. D..... 134
Echeverria, M. G. M. D..... 10
Editorial.....118, 218, 316, 417
Earl of Shaftesbury.....118, 218, 334
Extract of Conium Poisoning By——— 179
Ellinger, M. Esq.....191, 260, 285
English Lunacy Law..... 330, 457
Earl, Pliny, M. D.....326, 420, 433
English Medico Psychological Association, 312, 314
Errata, For Vol 3..... 488

Frommann, C. Dr..... 166
Fraudulent Damage Claims in Railway Cases, By Cullingworth..... 175
Fox, R. Dacer Esq..... 176
Foster, Roger Esq..... 193
Finger Marks, in Murder Cases..... 447
French Medico Legal Society.....127, 340
French Medico Psychological Association.. 312
Foville, Ach. M. D.....313, 314
Fluhrer, Wm. F. M. D..... 324
Frimont Enrique A. Dr.....393, 425
French Academy of Medicine..... 425
Ferri, Prof..... 425

PAGE

Gouldstone, Case of..... 4
Guiteau, Case of..... 4
Gower, Dr. W. R..... 99
Gray, W. H. Esq..... 105
Guy, W. A. M. B..... 1 2
Godding, Dr. W. W..... 137
Goltz, M. D., on Dogs..... 164
Garrison, Mr..... 262
Greenlees, T. Duncan, M. D..... 320
Gun Shot Wounds (Suicides).....227, 323
Garrigues, Dr. H. J..... 296
Glasser, Dr. Julins..... 426
Guttstadt, Dr.....328, 419
Gheel, Insane at..... 448

Homicides By the Insane..... 1
Hanging, the Insane..... 1
Hill, Governor of New York..... 68
Huddleston, Baron..... 10
Haimen, Sir. J.....81, 86
Heitzman, Chas Dr.....108, 160
Hill, Dr. H..... 108
Harvey, Dr..... 108
Hugo, Victor..... 127
Hunt, David Esq..... 134
Harrison, Hon. George, L.....205, 286
Hospitals, Liability for Mistakes of Employees..... 337
Holme, Leicester, Esq.....289, 422, 424, 427
Herald, New York.....322, 335, 338
Heredity, Journal of..... 350
Hughes, Dr. C. H.....326, 420
Husband, Dr H. Aubrey..... 99
Homicide and Mutillation..... 458

Increase of Insanity, Causes and Remedy (Dr Russell)..... 33
Insanity, Increase of.....33, 331
Insanity and Divorce..... 71
Illinois, Legislation in..... 44
Irwin, J. A. Dr.....102, 199, 201, 300
Iowa Medico-Legal Society..... 120
International Statistics of the Insane, By Professor Dr. Lefebvre..... 279
Insanity and Crime.....309, 360
Insane Asylums and State Boards..... 316
Ingels, Dr. B. C.....99, 209, 302, 329
Ireland, Dr. W. W.....289, 330, 334, 351
Iowa, Increase of Insanity..... 331
Italian, Congress of Criminal Anthropology. 333
Inaugural Address, (Dr. Peet)..... 382
Insane, in U. S., and Canada..... 347
Insane, Best Basis of Statistics of..... 299
Inebriety Society for Cure of (English)..... 333
Inebriety Society for Cure of (American).. 333
Insanity as a Defense, in Criminal Cases..1, 309, 360, 366
Inebriety and Responsibility in Vera Cruz.. 792, 125
Insane at Gheel..... 448
Index to Vol. 3..... 489
Infanticide—Lung Test..... 459

Johnson, J. G. Dr.....133
Jaderholm, Professor Axel..... 204, 426
Journals and Books.....135, 234, 347, 473
Journal of Heredity..... 350
Journal of Nervous and Mental Diseases... 479

Kellenger, Rev. E. B..... 29
Kellog, T. H. Dr..... 327
"Knowledge,"..... 324
Kornfeld, H. Dr..... 99

PAGE

Laws of New York 8
Laws of Penna 20
Landis, Aug. S 19
Little, James L 483
Luys, Dr 36
Laws of Illinois 65
Lunacy Legislation 46 55. 66. 330. 348
Law, in Shakespeare 223
Lefebvre, Professor Dr 279
Lambert, Dr. J 298
Lyman, Professor H M 338
Lawyers' Co-operation Pub ishing Co 350
Lunier, Dr 286
Lewin, Dr. L 285
Liberty and Bartholdi 325
Lentz, Dr 330
Liability of Hospitals, for Mistakes of Employees 337
Liability of Hospitals, for Mistakes of Physicians 337, 338
Localization of Brain Function 450
Lacassagne, Prof. A 425

MacDonald, C. F 7
Magazines 480
Montgomery, David Case of 9
Marshall, Case of 10
Mills, C. Dr 315
Mann, E. C. Dr 29 46, 70
Miller, Jacob. F 103, 198
Morton, Dr 108, 111
Medical Jurisprudence Society, of Philadelphia 108
Medico-Legal Society of Massachusetts 115 428
Medical Jurisprudence in Maryland 119
Medico-Legal Society of France ... 127, 340, 429
Medico-Legal Society of New York ... 128, 181. 202, 204
Members 128, 12, 31. 109 111
Members Corresponding 129
Morgan, Appleton 132, 200, 204, 286
McMaster, G. H., Esq 132
Mays, W. H. Dr 136
Mutilation 458

Medico-Legal Society.

Officers 141, 498
Active Members 128
Honorary and Corresponding ... 129, 143, 185 488
Committees 143, 488
Transactions 99, 181, 202, 204, 285, 288, 290, 417, 422, 425
Motet, Dr 218
Michigan Legislation 65, 100
Mechanical Restraints 453
Mathew, Wm. Esq 149
McIntyre, J. E 197
Medical Jurisprudence and Photogophy ... 149
Medical Jurisprudence of Lunatics 219
Maschka, Professor 229
Mind in Nature 229
Morel, Dr. Jules 330
MacDonald, A. E. Dr 326, 420
McCowen, Jennie, Dr 326
Magnan, Dr 328, 419
Mierzejewski, Dr 328, 419
Medicine Mental Society of 100, 208, 283, 302 308
McEwen R. C. M. M. D 288
Murder 293
Manslaughter 290, 293
Miscarriage 292
Medico-Psychological Association 212, 311
Medico-Psychologique Societe de 312
Meynert, Theodore M. D 407

PAGE

Narrative of Dr. Beach 27
Neave, vs. Hatherly 223
New Orleans, Medical Society 231
New York Herald 322, 325, 328
New England, Reporter 350
New Princeton, Review 177
Neurological Society of London 451
New York State Medical Society 452
New Englander 178

Orignal Articles 1, 145, 228, 372
Officers Medico Legal Society 141, 485
Our present knowledge of the Structure and Functions of the Gray Substance of the Nerve Centers, By Heitzman — 160
Oppenheimer, H. S. Dr 285, 286

Portraits 1, 32, 53, 145, 238, 320, 363
Proposed Bill, of Dr. Wines 46
Pinel Statue, to 100, 119, 238
Porteous Geo, B. Esq 101
Powers of Superintendents of Asylums ... 121
Psychiatry Antwerp Congress of 122
Poisons Mico Chemistry of 135
Pamphlets Received 137, 224, 473
Patterson, Gov. of Pa 6
Parsons, R. L. Dr 46, 70, 106
Parrish, Dr 102, 202, 333
Photography and Medical Jurisprudence .. 149
Personal Idenity 149
Pepper, Aug. J. Dr 179, 222
Phrenological Journal 230
Peet, Isaac Lewis, Dr 324, 382
Progress Medical 294
Pasteur and Rabies 334
Physicians, Liability of 335, 338
Penal Code 292, 293
Pulitzer, Joseph 325
Pouchet, M. Gabriel 341
Pinel, Philip, Dr 370
Pathological work in Asylums 454
Poisoning By Canned Goods 133, 340, 342, 343, 363
Poisoning By Arsenic 140
Poisoning By Paris Green 148
Poisoning By Extract of Conium 179
Poisoning By Strychnia 222
Poisoning By Mothers Milk 340
Poisoning By Strychine 342, 357
Poisoning of Dogs 342
Poisoning By Antimony 363
Poisoning By Aconitine 364
Poisoning By Prussic Acid 356
Poisoning Reports of Trials of 456
Plea of Lunacy 471
Poisoning by Phosphorus 471
Poisoning by Morphine 471
Strychnine in Urine 472
Psychiatry (Sachs) 473

Quinby, Dr. J. N 124
Questions Relating to Still Births 267

Roller, Dr. W. C 25
Russell, Dr. Ira 33, 100, 102, 103, 326
Remedy for Increase of Insanity 33
Report of Committee on Illinois Bill 44
Report of Committee on Michigan Bill 65
Report of Committee on Canned Food 131
Restraints 122
Repertoire de Pharmacie 232
Relation of Insanity to Crime 309

PAGE

Riel, Louis ... 319
Riel, Louis, Portrait of ... 319
Recent Legal Decisions ... 223, 336, 464
Railing vs. Pa ... 336
Rape ... 336
Ramaer, Dr ... 328, 419
Reports of State Committee in Lunacy ... 352
Reports of Trials by Poisoning ... 356
Ritti, Dr. Anthony ... 371
Removal Notice ... 468

Shall we Hang the Insane? ... 1
Spang, G. H., Esq ... 21
Smith, Dr. Geo. W ... 30
Savage, Geo. H. Dr ... 71, 220, 311
Societe de Medecine Mentale de Belge, 100, 208, 283, 302, 328
Societe Medico Psychologique ... 100, 312
Sankey, Dr. W. H. O ... 105, 153
Savage, Geo. H. (Discussion of His Paper), 193
Shaftesbury, Earl of ... 218
Somnambulism ... 218
Superintendents of American Asylums ... 212
Simulation of Insanity, By Prof. Wille ... 238
Sell, Dr. E. H. M ... 295
Surrogate's Disqualification ... 337
Statistics of Insanity ... 280
Smith, Dr. Stephen ... 101, 108, 327, 352, 418
Sewards, S. D., Esq ... 102, 196
Scientific Research ... 122
Stevenson, Dr. Thos ... 133
Stiles, Dr. H. R ... 438, 439, 445
Smith, Herbert E ... 145
(Absorption of Arsenic) ... 145
Scolosuboff on Arsenic ... 145
Structure and Functions of Brain ... 160
Sexual Ignorance ... 220
Silkman vs. Crosby ... 226
Statue to Pinel ... 222, 238
Shaksperean Society ... 233
Student's Guide ... 233
Still Births, by H. D. Chapin, M. D ... 267
State Board of Charities ... 316
State Lunacy Committee ... 352
Steenberg, Dr. Valdemar ... 328, 419
Sola, Dr ... 328, 419
Stewart, C. G. (Chemist) ... 356
Society for Promoting the Welfare of the Insane ... 432
Scientific Work in Asylums ... 454
Schwartz, Genl., Staats Answaltz ... 426
Suicide ... 475

PAGE

Syphillis ... 478

Tyson, Dr. Jas ... 31
Tucker, Dr. Geo. A ... 121
Teller, Dr. S ... 101
Thomas, J. C., Dr ... 132
Toxicological ... 133, 222, 340, 469
Taylor, Dr. Alfred Swayne ... 1, 140
Thomas, Med. Dictionary ... 229
Tuke, Dr. Hack ... 326, 347, 370, 419
Therapeutique Contemporaine ... 479
Transactions of Societies ... 99
" Medico-Legal Society, 99, 104, 106, 181, 285, 417
" Societe de Med. Mentale de Belge ... 208, 302
Transactions Amer. Neurological Ass. 210, 315
" Medico-Psychological Ass. 212, 311
" Medical Supts. of American Asylums ... 212
Transactions Societe Med. Psychologique. 312
" Italian Congress of Criminal Anthropology ... 333

Union Medicale (Canada) ... 232
Uletaris, Dr. Jose ... 285

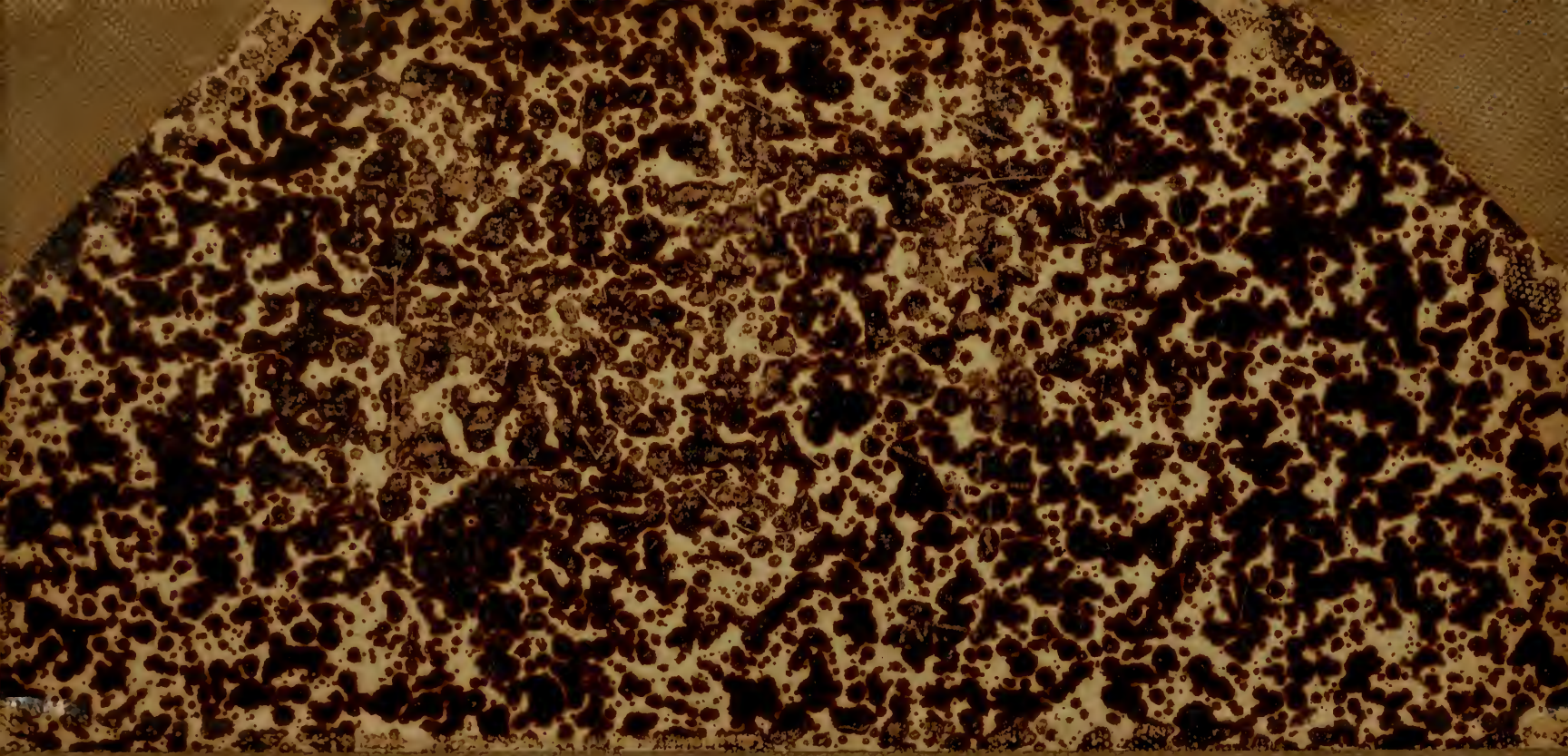
Volney, C. W ... 342
Verga Senator Andrea ... 328, 420
Von Buri, Dr. M ... 98
Vaccination ... 477
Van Evere, Dr. Juliet P ... 446

Wey, Dr. Wm. C ... 8
Wailles, Dr. R ... 25
Wines, Dr. F. H ... 46, 55, 100, 315
Willis, B. A. Esq ... 106
Wormley, T. G., M. D ... 135
White, Dr. M. C ... 146
Wille, Prof. L ... 238, 285, 328, 420
Walkup Poisoning Case ... 343
Western Reporter ... 350
World, New York ... 325
Wright, Dr. Amelia ... 432
Winterburn, Geo. W ... 477
Wilder, Ed. P., Esq ... 437, 438, 445
Wait, Dr. Phoebe J. B ... 433, 438, 445

RA
1001
M43
v.3

The Medico-legal journal

Biological
& Medical
Serials

PLEASE DO NOT REMOVE
CARDS OR SLIPS FROM THIS POCKET

UNIVERSITY OF TORONTO LIBRARY